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The newsweekly for pharmacy

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Comment

A proud centenary

Centenaries are often the occasion for looking back, but it was to the future that the centenary congress of the Pharmaceutical Society of Ireland mainly addressed itself last week (p581). Neither was there anything parochial about the discussions—many of pharmacy's problems are world-wide, and Ireland showed it had both lessons to learn and ideas to impart to the greater body of the profession.

For example, the Minister for Health, Mr Brendan Corish, had obviously taken a keen interest in the proposals for pharmacy limitation in the Republic, and was right to point out the need to examine the wider implications. Those who oppose the "continental" approach to retail pharmacy will take comfort from his reference to a "compromise" on the sale of non-pharmaceutical goods in order to preserve a pharmaceutical service in smaller towns and villages. But it is significant that in Ireland the opportunity has arisen for the effect on the community of a possible *action* of pharmacy to be assessed, rather than pharmacy's *reaction* to imposed pressures.

On the opposite side of the political fence, the leader of the Irish Opposition, Mr Jack Lynch, argued that professional associations might usefully become "trade unions". With the Jenkin judgment currently under scrutiny in the British Society's Council, the suggestion has implications for both sides of the Irish Sea—particularly in view of the early success of the Irish Pharmaceutical Union as a unifying and negotiating body for the whole profession.

That, then, is the future. But the Pharmaceutical Society of Ireland already has a century of achievement. In crowning that achievement, the Society has not been content merely to organise its own centenary congress—only a month earlier it was host to the International Pharmaceutical Federation, twice proving the hard work and dedication of the organisers.

To both congresses were brought tributes from across the world and C&D adds its congratulations. May the next 100 years bring the Society and its members the greater prestige they so richly deserve through service to the community.

Communication gap

A series of "crossed lines" looks like being the verdict on the West Midlands drug testing scheme to which the NPU took exception last week (see p562).

The local consumer protection officers appear to be trying to help pharmacists protect the public by carrying out checks on drug samples before they ever get into a dispensed form. It would extend to a new local government area a scheme that operated successfully in Birmingham before reorganisation.

But the officers, in trying to keep everyone informed, seem to have lost themselves in the maze of NHS committees and to have asked the wrong questions of the wrong people and in the wrong order. The original Birmingham scheme had a similar inauspicious start, with adverse publicity rebounding on local pharmacists, so perhaps a workable scheme of benefit to both patient and pharmacist may yet result from the forthcoming talks.

Department rejects alarms 'incentive'

The Department of Health has turned down the idea of a grant to chemist contractors who undertake to fit a burglar alarm to their premises.

The Central NHS Committee had made representations that the capital and installation costs should be reimbursed as an incentive to chemists to provide alarms, because of the increasing number of break-ins at retail pharmacies. But at its last meeting the Committee received a letter from the Department stating that provision for burglar alarms was included in the assessment of capital employed; also that depreciation allowances against the installation of a burglar alarm found to be specified in the accounts of any pharmacy would be included under fixtures and fittings and apportioned to NHS overhead costs by area ratio. In addition, where an alarm had been included as an unspecified item in the accounts, it would be classified under sundries and apportioned by turnover. Thus, the Department argued, the broad provision for burglar alarms was already substantial.

Turning to the Committee's request that the provisions should be improved as an incentive, the Department felt that a decision whether or not to incur the expense of installing security equipment had to be taken by many businessmen and, in the Department's view, the chemist contractor's own judgment was the best guide, subject to any advice the police might offer, in deciding whether to fit a burglar alarm as part of his own security measures. Moreover, the acceptance of public liability for the full cost of such installations would not be consistent with the facts of the situation; other businesses carried stocks of the value which many chemist contractors carried and would consider expenditure on a security alarm a worthwhile investment without the question arising of Controlled Drugs becoming the focus of attention for criminals.

Pack-size concession ended

The Committee decided to agree with a request from the Department that, in the light of the improved supply position of "ethical" preparations, the concession on the common pack size arrangements be discontinued from December.

It was decided that representations should be made to the Department that where a chemist contractor attended his pharmacy at the request of the police in order to dispense an NHS prescription after normal business hours, and the patient failed to attend, provision be made for him to receive the urgent fee.

The decisions of the recent conference of ACCC representatives on the scheme for the improvement of essential small pharmacies, the premises allowance and

the chemists terms of service, were referred to the contract subcommittee.

Notional salary—'£6' claim

The Committee considered a letter to FPC administrators on the White Paper "The Attack on Inflation" which set out the Government's policy with regard to staff employed by practitioners and contractors in the NHS. The White Paper pointed out that the responsibility for applying the Government's policy (ie that the maximum salary increase should not exceed £6 per week) rested with the employer in respect of his employees and that as the salaries of employees of chemist contractors were ascertained on a factual basis in accordance with the results of the costs inquiries, reimbursement of those costs would be made in the normal manner. An FPN dealing with the Government's policy would be sent to all chemist contractors.

In the light of the White Paper and the letter to administrators, the Central NHS Committee decided to claim an increase in the notional salary of the maximum permitted £6 per week and that a forecast balance sheet in respect of 1975 should be prepared.

Among other items considered by the Committee were direct payment in respect of pre-registration graduates, broken bulk arrangements for colostomy/ileostomy appliances, the draft Medicines (Child Safety Regulations 1975, the Municipal Trading Bill, West Midlands County Council Drug Testing scheme (see p562), the Secretary of State for the Social Services' document "Democracy in the Health Service," supply of tablets dioxigen BP and prescribing by tele-typewriter.

Warning on thrombosis risk with natural oestrogens

A warning that natural oestrogens taken during the menopause carry similar risks of thrombosis to synthetic oestrogens, is given in last week's *British Medical Journal*.

It has been widely assumed that natural oestrogens taken as hormone replacement therapy had little or no effect on blood coagulation, the report says, unlike the oestrogens in oral contraceptives which raise levels of blood clotting factors.

In a double-blind trial, 30 women with menopausal symptoms in a Cheshire general practice were given either three months' treatment with Premarin followed by three months' placebo or *vice versa*. Both treatments gave a dramatic improvement at first, making the genuine value of oestrogen treatment difficult to assess. But after three months, those women transferred from oestrogens to placebo suffered

a return in symptoms while those starting on the placebo continued to feel better after the changeover.

Natural oestrogen treatment raised the levels of the extrinsic clotting factors VII and X and accelerated the prothrombin time. Similar changes were found after oral contraceptive administration. The authors concluded that long-term studies of the effects of hormone replacement therapy are urgently required.

□ Doctors speaking at a Press conference on Syntex Menophase this week quoted trials which had revealed a decreased incidence of cardiovascular incidents in postmenopausal women on hormone replacement therapy.

Army now recruiting pharmacist officers

The Army are now advertising for pharmacists to join the Royal Army Medical Corps as officers.

Initially seven commissions of full lieutenant are available under the Army's graduate entry scheme, to join hospital clinical teams. Candidates have to be under 29 and, on appointment, they would receive a short service commission for an initial period of three years at a starting salary of £3,325.

A spokesman for the Army told *C&D* that the new appointments were to fill vacancies previously held by NCOs. The officer pharmacists would be "relatively mobile," being employed wherever a hospital team was deployed. Although the pharmacists would start as lieutenants, there may be opportunities of promotion.

Doctors 'not gullible tools in hands of the industry'

Critics of the pharmaceutical industry were attacked by Mr Michael Peretz, president of the Association of the British Pharmaceutical Industry, at the annual dinner in London of the Pharmaceutical group of the Royal Society of Health. Mr Peretz said critics, while applauding successes in innovation and exports, had focused attention on what they described as the exorbitant cost of promotion.

"The impression they try to create that doctors are gullible tools in the hands of the pharmaceutical industry is really so far removed from the truth as to be laughable . . . As it happens we have in this country perhaps the most conservative medical profession in the Western world. Doctors in the UK change their prescribing habits very slowly indeed and only after convincing proof of efficacy of new medicines has been provided."

The time was overdue for exploding the myth that doctors were a race apart to whom one only had to whisper the facts about a new product and, "hey presto, they turn themselves into a prescription writing machine".

Mr Peretz pointed out that the cost of pharmaceutical promotion in proportion to sales to the NHS had gone down over the past five years. Any further cut-back in expenditure on promotion would make it more difficult to market new medicines whatever their intrinsic value. Promotion was a necessary counterpart of successful research.

NPU joins in 'rates burden' campaign

National Pharmaceutical Union members are being asked to join other business people next week in a campaign against the rates burden.

At national level there is to be lobbying of MPs and a meeting will be sought with the Prime Minister or the Secretary for the Environment. Locally, NPU members are requested to write personal letters to their MPs giving details of their own rates increases over the past three years—related to turnover where possible. The same message should be presented to councillors.

A poster has been prepared for display in premises where it can be seen by the public. It calls for local government finances to come from central government and draws attention to the fact that the present system takes no account of ability to pay, creates disadvantages for those living above their businesses and puts the smallest shops at a disadvantage compared with their larger competitors.

New NI rota and urgent fees

The Northern Ireland Pharmaceutical Contractors Committee and the Department of Health have reached agreement on revised rota and urgent fees from July 1.

Rota service on Sundays, public holidays and early closing days now attracts a £6 per hour fee (previously £4) and remaining weekdays £2.50 an hour (£2). No payment is made for any period of rota service occurring between 9 am and 1 pm on early closing days or between 9 am and 6 pm on other weekdays unless they are public holidays.

The new urgent fees are £1 resident and £2 non-resident up to 11 pm on days other than Sundays and public holidays, and £2.25 resident, £4 non-resident on Sundays and public holidays and after 11 pm on other days. There is also the additional facility for the chemist to claim the fee by endorsing "urgent" at the time of dispensing, and getting it countersigned by the patient or his representative—this applies between 11 pm and 8 am on weekdays or 11 pm and 9 am on Sundays and public holidays.

Iodine trademark

It has come to our attention that "tamed iodine" is the trademark, registered in Great Britain, of West Chemical Products Inc, 42-16 West Street, Long Island City, New York. We apologise for any difficulties its use in an article on povidone iodine (August 30, p274) may have caused.

A distinctive collection of drug jars is expected to come up for auction following the closure of the North London pharmacy of Mr John Whitehead. Mr Whitehead, who has owned the premises for over 40 years, told C&D he has no regrets about retiring—he plans a round-the-world trip



Social workers 'could prescribe tranquillisers'

There could be a case for making tranquillisers available off prescription, writes the author of "Medicines which affect the mind" (£0.25), published on Tuesday by the Office of Health Economics.

OHE believes that even if they were not on free sale, these drugs could perhaps be prescribed by "professionals or paramedicals other than doctors, such as health visitors and social workers" as suggested recently for oral contraceptives.

The report says that a policy aimed at replacing traditional social drugs such as alcohol and nicotine with modern "purpose built" psychopharmacologicals would have much to commend it. People would not be asked to give up the pleasures of existing social psychotropics but merely to use an alternative. But such advances would probably be opposed by "existing interest groups" or people with an emotional fear about drugs in general, and attempts to introduce a substitute for either alcohol or tobacco "could create

unexpected hazards which may well serve further to complicate an already difficult situation."

The report goes on to say that the benzodiazepines may prove significantly safer and less addictive than the social drugs or some medicines currently on free sale. Inappropriate demand might now be stimulated by the fact that benzodiazepines were only available on prescription—the public could tend to over-value prescription-only medicines and doctors might prescribe minor tranquillisers unnecessarily in cases where people would not buy them of their own choice at the market price.

On barbiturates, the report says that their use has dropped by over 50 per cent in the past decade. OHE believes that about 7m prescriptions for barbiturate hypnotics will be issued in England this year, compared with a peak of about 16m in 1965. The overall number of prescriptions for hypnotics had not risen since the 1960s but the use of minor tranquillisers had doubled since 1965.

Boots' anti-inflation pledge in Government advertising

Dr G. Hobday, Boots' Co chairman, has pledged that his company will play its part in the national effort to defeat inflation—in Government advertisements in *Daily Mirror*, *Daily Mail* and *Morning Star* on Wednesday.

The advertisement—part of a Government campaign to emphasise the need for combating inflation—gives the views of both Mr Hobday and Mr J. Jones, general secretary, Transport and General Workers Union. Mr Hobday states that Boots are proud of their reputation for value, and hate having to increase prices "because we know that it undermines the confidence" of customers. He adds that the company's future is directly related to the future prosperity of the country. Inflation must be beaten, "and we can beat it together," he concludes.

September Register losses

A net total of 23 pharmacies were lost to the Pharmaceutical Society's Register in September when 38 premises closed down

and 15 newly registered. Of the closures, three were in London, 26 in the rest of England, six in Scotland and three in Wales. One of the new openings was in London, seven in the rest of England and seven in Scotland. The total number of pharmacies on the Register at the end of the month was 11,219.

Bill to cut drug prices

The West German Cabinet has approved a draft Bill aimed at reducing the price of pharmaceutical products.

According to *The Times* last week, the Bill proposes to restrict pharmacists' profit margins and impose a maximum profit margin on wholesalers. An earlier article had said that the West Germans have an ironic saying: "Arm wie ein Apotheker"—as poor as a pharmacist (last week p526).

Other measures proposed are the creation of an independent commission of 13 experts to draw up an index of medicaments according to their therapeutic value and price, and the minister of economics would be able to negotiate voluntary limits on drug advertising.

Birmingham drug testing scheme to be revived?

The "drug testing scheme" being proposed for the West Midlands County Council area—and viewed with suspicion by the National Pharmaceutical Union and the Central Contractors Committee (last week, p525)—would merely be an extension of the old voluntary scheme operated by the former Birmingham city analyst, *C&D* was told this week.

Mr G. S. Gresty, senior area consumer protection officer, said he was calling a meeting on October 29 to explain the proposals to representatives of area pharmaceutical committees (since tests on hospital drugs were included in the scheme as well as those from retail pharmacies) and he hoped it would be possible to start by the target date of April 1, 1976. The meeting would include Birmingham pharmacists with experience of the original scheme and he hoped they could allay their colleagues' fears. Mr Gresty confirmed that sampling would be informal, though the details had yet to be worked out, and would be concerned with drugs used in dispensing prior to compounding—the completed prescription was the concern of the Pharmaceutical Society's inspectors.

He could see only benefits to the pharmacist from more comprehensive sampling. Faults could be traced back to the manufacturer if necessary and the pharmacist would be advised if anything was wrong with the sample so that he could take action. They would be "delighted" to examine samples at a pharmacist's request if he was in doubt about a drug.

NPU's concern

The NPU's concern stems from the fact that the sampling decision is in the hands of consumer protection officers who have a statutory duty under the Food and Drugs Act. In regard to dispensed medicines, their intervention is seen as an unnecessary duplication of existing safeguards, adding to the pharmacists' "unproductive hours" dealing with visits from various inspectors. It also comes at a stage before the pharmacist has exercised his professional judgment. However, Mr T. P. Astill, NPU deputy secretary, told *C&D* that there would be no objection if the scheme provided, as did the old Birmingham scheme, a means whereby pharmacists could obtain a free analysis of any stock about which they had doubts, and without fear of prosecution.

The original Birmingham scheme began in 1956 and was organised by the late Mr F. G. Stock, MPharm ARIC, of the analyst's department, who was allowed to purchase specimens of any drug at any city pharmacy, to have access to dispensing departments and information regarding dates of receipt of stocks and length of storage. Reports on every drug examined were supplied to the pharmacists who could

take appropriate action where these were unfavourable. The scheme was one of "liaison" between Birmingham Pharmaceutical Association and the city's health committee and analytical department; it followed a "series sampling" programme which was criticised by pharmacists but which had been an attempt to bring "rationality into the sampling of drugs".

PATA Council election

For the year 1976 six seats on the Council of the Proprietary Articles Trade Association are open for election. Members retiring this year are: Manufacturers' section, Thos. Christy & Co Ltd, E. C. de

Witt & Co Ltd; wholesale section, East Anglian Wholesale Supplies Ltd, Northern Pharmaceuticals Ltd; retail section, G. W. Herdman, J. R. Marshall. All are eligible for re-election.

Members of PATA may nominate candidates for the two vacancies in their respective sections. Nominations will be received by the secretary, PATA, 4 Margaret Street, London W1N 7LG, up to and including November 17.

Doctors told how they upset pharmacists

An article in *General Practitioner* last week told doctors what pharmacists object to in their prescription writing.

Illegibility, incomplete prescriptions, receptionists who fill out forms incorrectly and the practice of prescribing for several members of the family on one form were given as the main complaints.

"The busy urban pharmacist can clock up £500 a year in extra phone calls because of incomplete or illegible prescriptions." But the pharmacist had to be careful not to irritate the doctor in case he started recommending his patients to the chemist down the road, the author added.

LRC agree to reduce condom prices from December 1

LRC International are to reduce prices of their contraceptive sheaths by up to 11 per cent from December 1, with the aim of reducing profits on home sales from over £2 million in 1972-73 to approximately £525,000 in a full year. The company is also to specify and publicise maximum retail prices for main brands.

Announcing these undertakings in the House of Commons last week, the Minister for Prices and Consumer Protection, Mr Alan Williams, said LRC would be making it a condition of sale that the maximum prices should not be exceeded. The 11 per cent cut will be on higher-priced products; medium-priced brands will be reduced by 2½ per cent and prices of the cheapest brands will be "held steady". Prices will not be altered without prior approval of the Director General of Fair Trading, the company has undertaken, but there will be reviews annually, or more frequently if necessary.

Mr Williams said: "In the light of the criticisms made by the Monopolies and Mergers Commission of its pricing policy and of excessively high levels of distributive margins, LRC has undertaken to introduce a substantially revised and simplified wholesale discount structure which will give discounts of from 50 to 58 per cent, according to quantity, on the applicable new maximum retail prices exclusive of VAT, with proportionate discount arrangements for sales of 'own label' brands of contraceptive sheaths".

Prices for vending machine sales, currently running at a loss, will be examined at the first annual review. Although the undertakings do not apply to new products, these will be considered at the annual and other reviews to see whether undertakings would be appropriate.

Details of the new pricing structure are being sent direct to all stockists. From December 1, the following VAT-inclusive

maximum retail prices will apply to the Durex range: Fiesta £0.54; Fetherlite, Nu-form, Black Shadow (3) £0.24; Fetherlite, Nu-form (12) £0.96; Gossamer (3) £0.20, (12) £0.80; dry Durex £0.16. The Fiesta price is unchanged. Existing prices will apply, at retail and wholesale, on normal orders invoiced up to November 28, and stocks held on December 1 may be sold at these prices.

Commenting on the undertakings, Mr Mark Sellers, chief executive of LRC International, said that the return on net assets employed in the manufacture and sale of sheaths in the UK would be reduced to the order of 23 per cent computed with the Sandilands report recommendation. "But when one considers that the market volume has fallen by 20 per cent since its peak in 1973 and that there has been an inflation of some 50 per cent since the referral in 1972 it is clear that time has already done the Commission's work for it."

But, criticising the Monopolies Commission referral as a waste of public and company time and money—it has involved LR Industries in £250,000 legal and accountancy fees and executive time—Mr Sellers claims the Commission's recommendations "were so obviously wrong as to call into question every judgment expressed in their report." The total turnover in protectives in the UK market has never been more than £5 million per annum and this is believed to be the smallest volume product ever to have been referred.

Retired NPU man dies

One of the National Pharmaceutical Union's original stocktakers, Mr A. B. Lidgley, died on October 6. He was an outside representative of the Union for 40 years and retired in 1967.

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Letters

Potential of the 'grass roots' not being exploited?

In the past weeks we have seen numerous criticisms of our professional representatives, the Pharmaceutical Society and the Central Chemist Contractors Committee. I have truly felt amazed at the number of letters from my fellow pharmacists moaning and groaning about the arrangements for the supply of contraceptives free under the Health Service.

Instead of criticising our professional bodies on this matter, I feel that we should have been congratulating them on a magnificent achievement. There are, I think, two points which most seem to have forgotten. Firstly, with wicked Aunt Barbara hell-bent on the idea of free contraception as a political gimmick and determined to achieve it at all costs, the success of our Society and Central Committee on achieving the greater distribution through pharmacies is little short of remarkable. Make no mistake, she would have no compunction whatsoever, as a last resort, in arranging free distribution through the FPA, hospital outpatients' departments (probably by unqualified nurses and technicians) and local health departments. Therefore I think we should offer our heartiest congratulations—not criticism—and recognise that the number of items dispensed free probably exceeds greatly the number we would have dispensed privately.

Second, I feel that the Central Committee must also be congratulated on the achievement of a standstill on rural dispensing—whatever its shortcomings it is at last a step in the right direction. Also the *volte-face* on this matter by the Society may well afford us a clue as to what we can do in the future and what is wrong at 17 Bloomsbury Square.

Council out of touch

Having said all this, perhaps we may now be credited with sufficient intelligence to be able to see that all is not well with the profession. Over the past few years we have had two blatant instances which would appear to prove that our Council is for the most part quite out of touch with members in general practice. Most pharmacists are not, I would venture to suggest, double-dyed villains, but mostly thoroughly decent people fully prepared to give their Society 100 per cent support if they are treated as intelligent human beings and not five year old nonentities.

Some years back we received from one of our most highly respected presidents, Albert Howells, a letter requesting a tightening up of visible supervision. Had this letter been followed up by our Council by a campaign by all the inspectorate to obtain maximum co-operation I am sure that the results would have been outstanding. After all, the inspectors are *our* inspectors—they are there not only to en-

force the regulations but also to act as "a friend in court" to general practice pharmacy. I well remember over the years that the first remark on his visit by our old friend Mr Oxford was invariably "Are there any problems since my last visit with which I can help?"

Had both the inspectorate and the branches taken pharmacists into their confidence and given advice on supervision, setting out what was and what was not acceptable, many prosecutions and much bitterness could probably have been avoided.

In the past few weeks we have again seen a similar "*faux pas*" by Council. After most pharmacists had learned of it from the "media", we finally received what I consider to be a verbose and hastily concocted letter from the president. I would respectfully suggest that prior consultation with the branches, with a mind open to receive suggestions from practical men, might well have produced something much better. Time was wasted at branch level seeking support for an attitude on restricted titles that the Society is virtually powerless to enforce—except on the only persons qualified to be called "chemist".

Our august Council might have been surprised at the practical suggestions which could have come up on ways to control the sale of substances capable of misuse. After all it is little use standing up and preaching when at the same time in the local paper are displayed advertisements advocating the public use Dr J. C. B.'s Compound in cases of stomach upset and enteritis.

Might one, therefore, be so bold as to

suggest to our Society and Central Committee some simple ways in which we might settle our differences and confront our opponents as a united body of professional men and women.

Restricted titles: Come down from cuckoo land and adopt the attitude advocated by the Director General of Fair Trading, namely that the mere use of the popular name by which everyone knows us is not unprofessional. Agree that the simple word "chemist" be permitted provided that it is not coupled with the word "dispensing", "pharmacy" or other phrases referring to dispensary and medical connections.

Strength in unity: Over fifteen years ago, as secretary at that time of the West Ham Branch of the NPU and in the face of strong opposition from the platform, I had the privilege of putting forward a motion that a fighting fund be set up for future use in pharmacy. The motion was overwhelmingly carried but nothing whatever has been done. It is still not too late. Negotiation with a Department of Health which knows you have a quarter of a million or so in the kitty is likely to produce better results than when you haven't a new penny.

If all men of action on the Council and aspiring to be elected thereto will only stand up and be counted, we might well do something in 1976. After all, Robert Browning summed it up very neatly: "Rouse up sirs, give your brains a racking or sure as fate we'll send you packing". With apologies to Browning, and best wishes to the Council.

Edwin C. Evens
Ford, Plymouth.

The case against private practice within the NHS

The discussion by Society's Council of the Government's consultative document on separation of private practice from the NHS shows a concentration on medical politics to the complete exclusion of the implications for pharmacy.

In the hospital service private practice prescriptions have always been costed and priced to the advantage of the private patient at the expense of the NHS. The cost of the prescription is based on (a) the cost of the drug at nett hospital cost; (b) no dispensing fee or container fee and (c) a minimal on-cost. This abuse of hospital pharmacy and its personnel must be added to the use, free or at a minimal cost, of other hospital diagnostic and curative resources for these privileged patients, which indicates the extent by which the NHS has been cheated and defrauded over the years by the few consultants who make greed their target.

In private general practice, the dispensing private doctor milks the patient by charging private medical fees but adds private dispensing funds to his rapaciousness. Pharmacy closures continue denuding more and more areas throughout the country of the pharmacist's services. The interim standstill agreement is to be commended but does anyone in pharmacy really believe the private dispensing doctor is to give up his lucrative NHS and private dispensing income without a great deal of pressure? The continuation of private medical dispensing will not prevent further closures but rather extend the

deprivation and certainly prevent any possibility of restoring pharmaceutical services to rural and other similar sparsely populated areas.

Private practice dispensing is not profitable. The prescription is scrutinised when received if it has been elsewhere. Has it been priced? Has a dispensing fee been charged and a container cost added? There is the entry into the prescription book, the time involved in persuading the patient that the fee is reasonable, added to the further time, stationery and discussion. All-in-all NHS dispensing is so much more economic and more professionally satisfactory.

The consultative document does not include pharmacy, neither does it threaten its integrity, its professionalism or its ethical practice. Private practice, as well as NHS dispensing and the other pharmaceutical services, will remain with pharmacy. The alleged threat to the freedom of the learned professions is so much mythology; we as contractors, employees or hospital pharmacists have not lost a whit of our professional freedom since the introduction of the NHS; so why do our Council colleagues try to frighten pharmacy with these out-worn untruths? The proof surely lies in ourselves; we are free and unfettered, and no imposed authoritative legislation can or will deprive us of our freedom to practice our craft ethically and professionally provided we do it res-

Letters continued on p591

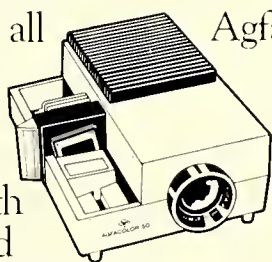


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brighter winter.



People

Dr Raymond A. Gosselin who addressed the conference of the Institute of Pharmacy Management International last week (p574) is president of the Massachusetts College of Pharmacy in Boston, USA. He was elected to the trustees of that college in 1967 after an appointment with the IMS data processing organisation which, in his words, required him almost "to commute between the US and Britain." Following the college appointment he subsequently became secretary, vice-president and in 1970 was awarded an honorary degree (ScD) in pharmacy by the college. During the second world war he served with distinction in the navy and received the highest award the US gives its servicemen for bravery, the Purple Heart.

Mr Nat Oso, FPS (Nigeria), an inveterate conference attendee, was again present last week at the Institute of Pharmacy Management International's conference in the Isle of Man. Last year his plane bringing him to the Institute's conference in Kirkcudbrightshire was delayed considerably but, nothing daunted, he took a taxi from Glasgow to complete the final 90 miles of the journey! This year he left home at the end of August for the first of his conference engagements—FIP in Dublin. Looking in on the British Pharmaceutical Conference in Norwich the following week he could only spend one day before flying to another pharmaceutical conference in Kobe, Japan. Back then to Paris for yet another conference before rendezvousing with the Institute party at Heathrow en route for the Isle of Man. He told *C&D* that he had left his daughter in charge of his pharmacy as she had recently qualified as a pharmacist.

Deaths

Burnett: Recently, Mr George Burnett, MPS, 51 Meredith Road, Leicester. Mr Burnett qualified in 1922 and was superintendent chemist with Leicester Co-operative Society. He moved to Leicester in 1931 from Ashton-under-Lyme and worked to establish the Society's pharmaceutical department.

Gardner: In hospital on October 13, Mr William John Gardner, MPSI, 9 Royal Terrace West, Dun Laoghaire. A native of Dun Laoghaire, Mr Gardner was a member of the GMS Contractors Committee and a past president of the Irish Drug Association. He served his apprenticeship with Mayes, Conyngham, and Robinson Ltd, at 66A Upper George Street, Dun Laoghaire, and qualified in 1933, subsequently becoming a branch manager for the company. He ran his own ophthalmic optician business for 20 years at 10 Orwell Road, Rathgar, Dublin. Unmarried, Mr Gardner is survived by three sisters.

Wilson: On October 14, Mr Arthur Wilson, MPS, The Holt, High Street, Lindfield, Sussex, aged 90. He qualified in 1915.

Topical reflections

BY XRAYSER

Forgery

I have a certain sympathy for those pharmacists who find themselves caught out by a prescription which is not all that it appears to be. With increasing controls over drugs, it is inevitable that those who want them badly enough will resort to all kinds of duplicity to procure them.

I have, in the course of my career, seen only one prescription fitting the description "forged"—it was a very good imitation of what was a well-known signature which a child could have copied—any others I have seen would perhaps be more accurately described as, simply, false. And that, I suspect, is the cause of most of the trouble, for those who write such prescriptions make few mistakes, writing in a flowing hand with no obvious hesitation.

The documents are extremely convincing—but for one thing, and that is that if the handwriting is not known it is obligatory to take sufficient steps to ascertain that it is genuine. That will involve a telephone conversation with the prescriber if he is available. If he is not, then the dispensing of the prescription should be held up, pending confirmation. The alternative, in the event of pressure of a wheedling or threatening kind, is to return the prescription. It is generally at a busy time of the day that the attempt is made, and the pharmacist is placed in a difficult position, but his duty is clear. It is to take every possible precaution, even if the consequences are unpleasant. We are rapidly approaching the stage when a moat and a drawbridge may be necessary.

Another question

The Secretary of State for Social Services (Mrs Barbara Castle) has been asking another rhetorical question, following the one she asked at Norwich. "Am I wrong in thinking that the doctors who get to know their pharmacists personally come to appreciate more readily the help and advice they can give them?" There are many doctors who have come to recognise the specialised field in which the pharmacist practises and who visit him regularly for the purpose of discussing new products. It is something uninfluenced by location. It may be in the traditional type of pharmacy, particularly if the pharmacist keeps abreast of modern developments, or it could be in the health centre, though in the latter, evaluation might be confined to discussion with medical colleagues.

To keep up-to-date, the pharmacist must study the journals and literature that comes through the post. Unfortunately, experience tells that the representative does not usually regard him as an important link in the chain—but that may not be without its advantages in the forming of the detached view.

News in brief

□ The index of retail prices for all items for September was 140.5 (January, 1974 = 100), representing an increase of 0.9 per cent on August and of 26.6 per cent over the year.

□ During May, chemist contractors in England dispensed some 23,793,656 prescriptions (14,864,265 forms) at a total cost of £29,706,666—an average of £1.248.

□ The National Federation of the Self Employed is to advise its 43,000 members

to withhold the earnings-related part of their National Health insurance contributions unless these are made eligible for tax relief before January 1, 1976, when the new 8 per cent levy falls due.

□ The Misuse of Drugs (Amendment) (No 2) Regulations 1975 (HM Stationery Office, SI No 1623, 8p) amends the Misuse of Drugs Regulations 1973 by adding to Schedule 1 preparations of propiram containing, per dosage unit, not more than 100 mg of the drug (calculated as base) and compounded with at least the same amount by weight of methylcellulose. The new Regulation comes into force on December 1.



APOCAIRE

NOVEMBER EXCLUSIVE PROMOTIONS

PRODUCT	SIZE	PACK SIZE	NETT COST EXCL. VAT £ p	APOCAIRE RETAIL PRICE	NORMAL R.S.P.
ASPRO TABLETS	24 60	24 12	2.985 2.98	R.P.M.	21p 42p
BRUT 33 SPLASH-ON-LOTION	100cc	12	6.12	68p	90p
ESTOLAN CONDITIONING CREAM	50g	12	1.47	18p	25p
FORMULA 16 HAIR COLOUR RESTORER	110cc	6	4.165	99p	£1.35
KLEENEX FOR MEN		24	4.99	27p	
KOTEX SANITARY TOWELS	Size 1 Size 2	10 10	2.075 2.295	23p 25p	
LADY FORMULA 16 HAIR COLOUR RESTORER		6	4.165	99p	£1.35
PALMOLIVE TOILET SOAP	Bath Family	12 12	1.465 1.94	15½p 20½p	18½p 24p
PURE SILVIKRIN HAIRDRESSING	158cc	6	2.71	66p	76p
RENNIE TABLETS	25 50 100	24 12 12	2.325 2.035 3.175	R.P.M.	16p 28p 43p
SIGNAL TOOTHPASTE	Large Economy	50cc 85cc	2.14 2.81	24p 31p	31p 42p
SILVIKRIN HAIR SPRAY	200g	6	1.49	33p	45½p
SUPER MATEY BATH ADDITIVE	340cc	12	2.805	31p	42p
SURE ANTIPERSPIRANT	Large Economy	150g 210g	1.875 2.285	42p 51p	55p 67p
V.O.5. NATURAL PH BALANCE SHAMPOO	Small Medium	12 12	1.385 2.075	15½p 23½p	23½p 34½p
WILKINSON BONDED RAZOR BLADES	5	25	6.05	32p	46p

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Introducing Vicks MediNite



The Nighttime Colds Medicine
For multi-symptom relief.

A major advance in colds' relief...

New Vicks MediNite is a medically approved multi-action treatment for the relief of colds and 'flu symptoms.

Though there is no cure for colds, this new medicine does more in a single measured dose to relieve more colds' symptoms than any one proprietary remedy has before.

...that's taken at night...

Vicks MediNite is a night-time colds medicine.

Taken before going to bed, Vicks MediNite quickly works to relieve all the major colds' symptoms and goes on working to let the colds' sufferer get the restful sleep his body needs through the night.

...to relieve major colds' symptoms...

Vicks MediNite treats all the major colds' symptoms in a single 30 ml. measured dose.

<u>Symptom</u>	<u>Vicks MediNite Active Constituents</u>	<u>Each 30 ml. contains</u>
Blocked nose and sinuses	Ephedrine Sulphate	8 mg
Swollen irritated mucus membranes. Sniffles and sneezes	Doxylamine Succinate	7.5 mg
High temperature Headache Muscular Pain	Paracetamol	600 mg
Cough	Dextromethorphan Hydrobromide	15 mg

These active constituents are taken in a soothing syrup to ease sore throats and to complete the colds' treatment.

Introduced into Test Market last year, Vicks MediNite quickly established itself as the leading proprietary cough and cold product in pharmacies.

Vicks MediNite is supported by a wealth of clinical trial data and sales success in the United States and Britain.

You can recommend it with entire confidence.

Vicks MediNite The nighttime medicine for
multi-symptom relief

Trade News

Ovysmen recall

Ortho Pharmaceutical Ltd, PO box 79, Saunderton, High Wycombe, Bucks HP14 4HJ, are recalling Ovysmen 0.5/35, an oral contraceptive introduced on October 1.

Recent tests of an identical preparation, Modicon, in the USA have revealed that the colour of a small number of tablets have faded on exposure to light and a few tablets have shown a reduced ethinyl-oestradiol content. The company considers it wise to recall for further tests all the product distributed to date.

Pharmacists are asked to return any stocks of Ovysmen to their wholesalers for full credit. Doctors have also been advised of the recall.

Pregnancy test control urines

Ortho Diagnostics, Janssen House, Chapel Street, Marlow, Bucks SL7 1ET, have introduced Ortho pregnancy test control urines (£2.10), for use as controls in procedures to detect human chorionic gonadotrophin (HCG) in urine. There are two vials of lyophilised female urine, one 2ml vial of negative control urine and one 2ml vial of positive control urine which is prepared from the urine of females in the first trimester of pregnancy.

Each vial is reconstituted with 2ml distilled water prior to use and is used in the same way that an unknown specimen would be used in the pregnancy test. The stability of the product when stored at 2° to 8°C is two years in the lyophilised state and 30 days after reconstitution.

Emetic range of barbiturates

Marshall Laboratories, 225 Putney Bridge Road, London SW15, are once again producing four products in the emetic range of barbiturates. Phenomet contains phenobarbitone 15mg or 30mg and emetine 0.1mg or 0.2mg (250, £0.80 and £0.95 trade, respectively); Amylomet contains amylobarbitone 30mg or 100mg and emetine 0.2mg or 0.6mg (100, £0.40 and £0.70 respectively); Butomet contains butobarbitone 100mg and emetine 0.6mg (100, £0.90); Cyclomet contains cyclobarbitone 200mg, emetine 0.6mg (100, £1.10).

Poplok distributors

Beatson, Clark & Co Ltd, glass manufacturers, Rotherham, have agreed to be the sole distributors to pharmaceutical wholesalers in the UK for the Metal Box range of child resistant containers brand name "Poplok".

50p coupon

Lasting until December 1976, Richardson-Merrell Ltd, 20 Queensmere, Slough, Berks, are offering 100,000 50p coupons on their new, large-size Milton sterilising unit, bringing the recommended price down to £2.74. The coupons are being distributed throughout the country.



Board pack for Band-Aid

New board packs for Band-Aid washproof plasters were introduced by Johnson & Johnson Ltd, Slough, Bucks, recently. The existing tin packs are to be phased out as stocks are depleted. During the launch two brightly flashed boxes offer the consumer free plasters, five with the medium and 10 with the large pack size.

Catarrh vaccine supplies

Parke, Davis & Co, Usk Road, Pontypool NP4 8YH, say that sufficient supplies of catarrh vaccine were manufactured for anticipated requirements for the coming winter. However, demand during the past six weeks has exceeded expectations and all current stocks have been exhausted. Because of supply difficulties no further product will be available until mid-December at the earliest and all outstanding orders have been cancelled. New orders will be accepted from December 1.

Campaign for electric blankets

"Is a penny too much to pay for a good night's sleep?" is the theme of the advertising campaign for Dreamland under blankets and Monogram over blankets, which features radio star Jimmy Young.

The campaign consists of £100,000 national television advertising and a £30,000 campaign in women's magazines, including *Woman*, *Woman's Own*, *Woman's Realm*, *Woman's Weekly* and *My Weekly*. Selected magazines including *Mother*, *Ideal Home*, *Homes and Gardens* and *Woman's Journal* will also carry advertisements.

Dreamland Group Ltd, Shipyard Estate, Hythe, Southampton, Hants, have produced a four-colour brochure and point-of-sale material.

'Multipurpose' merchandiser

WCB-Clares Ltd, Wells, Somerset, are exhibiting a new range of folding cage merchandisers, the Clarecage system, at Shopex 1975, Brighton, October 26-29. Constructed from steel, the Clarecage is a manoeuvrable merchandising unit intended for filling at a distribution or factory source and for direct transfer to an in-store display area. Once stocked, Clarecage units can be stacked five high and can be moved on a mobile base or fork lift truck. Empty units can easily be folded and returned to the goods distribution point for re-stocking.

Full use of the Clarecage system, say the makers, minimises merchandise handling costs, particularly for fast moving items, and increases merchandise sales when compared to sales of goods dis-

played on conventional shelving. WCB-Clares will also be exhibiting other products including Clareainers, roll pallets, roll merchandisers, Clareway display baskets, tissue merchandisers, Clarecart shopping trolleys, and Clareway DIY display units.

Odor-Eaters campaign

A television advertising campaign featuring Odor-Eaters (*C&D*, September 20, p386), the latex insoles, with embedded activated charcoal, that eliminate unpleasant foot odour and control foot perspiration, begins October 27. The humorous commercial will be seen in all areas except Tyne Tees, Harlech, Ulster and Eireann.

Combe International Ltd, 2 Mansfield Road, South Croydon, Surrey CR2 6HN, will also be using women's magazines to support the product launch. Odor-Eaters are distributed by Farillon Ltd, Selinas Lane, Dagenham, Essex.

Brobat Bloo on television

A new television campaign in the Midlands, Lancashire and Southern television areas has been launched for Brobat Bloo by Jeyes UK Ltd, Brunel Way, Thetford, Norfolk.

The campaign is estimated to reach 90 per cent of housewives in those areas, giving them between six and seven opportunities to see the cartoon commercial. It is concentrated into a four-week period starting on October 20.

Repackaging for maternity pads

A bright, eye-catching blue-green polythene pack, has been designed for Dr White's maternity pads. To rationalise the range, Lilia-White (Sales) Ltd, Alum Rock Road, Birmingham B8 9DZ, are now producing the pads in one size only. The new pack design closely resembles the Dr White's 10's packs, whilst the pad is a special looped towel with "extra comfort and performance qualities."

Pre-Christmas advertising

Magazines including *Woman*, *Woman's Own*, *Woman's Realm*, *Woman's Weekly*, *She*, *Vogue*, *Woman and Home*, and *Cosmopolitan*, will carry advertisements for the Ladyshave by Philips Electrical Ltd, Century House, Shaftesbury Avenue, London WC2H 8AS, during the pre-Christmas period.

Jackel trade offer

Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland, are currently offering to the trade one dozen semi radial hairbrushes worth £11.88 free. To qualify for the offer, retailers have to buy assorted mini or standard style Royal Sweden brushes to the value of £50.

Two shades added

Bristol-Myers Co Ltd, Stamford House, Station Road, Langley, Bucks, have introduced two new shades to the Clairrol range of Nice 'n Easy permanent hair colourant. They are natural light beige blonde and natural medium ash blonde.

Kodak launch delayed

Kodak Ltd, PO Box 66, Kodak House, Station Road, Hemel Hempstead, Herts, are delaying the introduction of the new Tele-Instamatic cameras (*C&D*, October 11,

p502) until November 3, to ensure equitable first distribution. Dealer response to the new cameras has been "immediate and positive", say Kodak, and the postponement is to allow stocks to be built up in line with the orders already held. The Kodalux 2 electronic flash unit is to be launched in late November.

Polaroid's 'lower price' promotions

A promotion designed to help dealers sell the Super Swinger camera has been announced by Polaroid UK Ltd, Ashley Road, St Albans, Herts. The company is recommending that stockists sell the Super Swinger at £5.91, some £2 less than the usual recommended price.

A local newspaper advertisement layout and complementary dealer window poster, proclaiming the "30 second wonder" of the camera's capabilities, are available. Dealers accepting the promotion proposal and advertising the offer in their local newspapers should receive 10 free packs of Type 88 Polarcolor 2 film from the company to offset advertising costs, and two free packs of Type 87 black-and white film for the registration card of each camera sold on the promotion.

Polaroid have also announced a limited consumer offer for Christmas of special lower priced twin packs of two of the most popular films. The new packs of two eight exposure Type 88 Polarcolor 2 films have a suggested retail price of £3.99—a saving of £0.17 on two films bought separately—and the twin pack of Type 87 film is suggested to sell at £2.29—a saving of £0.11. The company say it will supply ten regular packs of Type 88 Polarcolor 2 film at no charge to offset the dealer's costs in placing a Polaroid-prepared advertisement about the twin packs in a local newspaper.

Holiday in the Bahamas

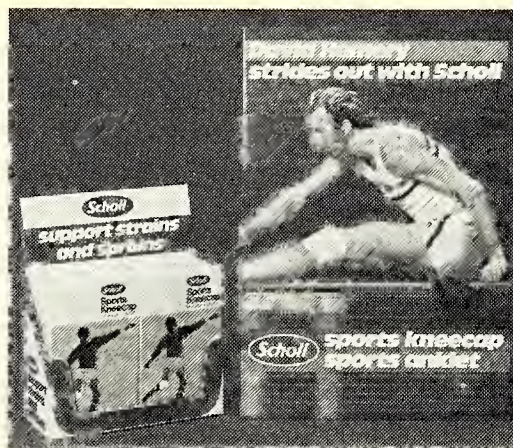
Stowaway to the Bahamas is the title of a competition in the November issue of *Over 21* magazine, offering a free two-week holiday for two in the Bahamas next spring. The prize is also extended to a member of the shop where the winner bought her Stowaway fragrance.

Each entry has to be accompanied by a Stowaway carton top and the entrant has to match the names of the three Stowaway fragrances to three pictures of the Bahamas and suggest the most apt perfume name to go with a fourth picture. Each entry form contains a space for the place of purchase to be filled in.

A full-colour showcard has been produced by Elida Gibbs Ltd, PO Box 104, Portman Square, London W1A 1DY, to promote this competition. Other prizes in the competition include a set of Revelation Grand Prix luggage and 50 presentation boxes of Stowaway fragrances.

Homemaker offer

Inside each promotional pack of Marigold lightweight and Fleur gloves, is a book of vouchers offering a saving to the consumer of £35 across a range of items for the home including a double divan bed, an occasional table, and a rotary clothes line. The consumer may redeem only one voucher against the purchase of each item. The promotion, aimed particularly at young couples, will run into 1976, say LR Industries Ltd, North Circular Road, Chingford, London E4.



New display from Scholl

A new window display card promoting sports kneecaps and anklets is now available from Scholl (UK) Ltd, 182 St John Street, London EC1. Free-standing, 12 X 17ins, the card is in colour and shows athlete and Olympic gold medallist David Hemery "in action", wearing a Scholl kneecap.

New colour scheme

A new colour pack for Kleenex Pop-up tissues has been introduced by Kimberly-Clark Ltd, Larkfield, Maidstone, Kent. In three shades of brown on a white background the pack design matches the blue and white pack introduced in April. Outers will now contain a mix of 18 packs of each colour.

Lasting until December, a 3p coupon redeemable against next purchase will be flashed on packs of Kleenex Flair towels.

Versatile hairdryer

Who's he taking out tonight? asks the advertisement for the new stylerdryer by Ronson Products Ltd, Randalls Road, Leatherhead, Surrey. The versatility of the product is highlighted in the double-page advertisement, which will appear in the November 15 and December 6 issues of *Woman* magazine, and features the same girl with four hairstyles.

Co-op-Beecham linked promotion

The Co-op are promoting 10 Beecham products in a national pharmacy and drug store promotion running for six weeks from October 13. Shoppers who buy any two different products from those on promotion will, by sending off proofs of purchase plus application form, receive vouchers worth 30p against their next purchase of selected Beecham products.

French recipe calendar offer

A "calendar" featuring provincial French recipes has been introduced by Beecham Foods, Beecham House, Brentford, Middlesex, as a free on-pack consumer offer with Shloer apple and grape juice drinks. Presented in "complete meal" format, and giving details of suggested accompanying wines, cheeses, the calendar has been produced by Beecham in conjunction with Foods From France, and is being offered to consumers in return for three Shloer foil bottle caps and 11p for postage.

Gifts fair timetables

Timetables for International Spring Fair train services between London Euston and Birmingham International, the new station at the National Exhibition Centre, have been produced by British Rail. Under the heading "Europe's new trade exhibition

for the hardware and giftware industries", the timetable features the Fair's tulip motif and title in red, followed by the dates and opening times, plus details of the special Inter-City services for Sunday, February 1, 1976, and for weekdays. Copies of the timetable are available on request from the Director of Public Relations, International Spring Fair (Condor), 299 Oxford Street, London W1R 1LA. A stamped addressed envelope should be enclosed. It is also available from British Rail at Euston, Birmingham New Street, Coventry and other stations en route.

Amendment to Family Doctor booklet

A statement on Marmite in the latest Family Doctor booklet, "Feeding your baby" (p28) has been amended. A sticker saying that "Marmite contains B vitamins but as it also contains salt it should only be given to babies of six months or over" should be placed over the original statement. The stickers are being distributed by the National Pharmaceutical Union to all pharmacists who have purchased booklets from them and new supplies will already have the sticker in place.

Three colours added

Three new colours: Teheran (cinnamon), Marbella (peach) and Acapulco (rose pink), have been added to the Mini-color nail enamel range by Mavala Laboratories Ltd, 48 High Street, Horley, Surrey.

Numark October/November promotions

Independent Chemists Marketing Ltd, Mallinson House, 321 Chase Road, Southgate, London N14 6JN, will be offering their members six products in their October/November promotion. They are: Colgate dental cream MFP; Wilkinson's Bonded and double edged blades; Alberto Balsam shampoo and conditioner, and Harmony hair spray. Other products on bonus will be Feminax, Valderma cream, Milk of Magnesia tablets, Beecham Powders and Beecham Powder + Hot Lemon.

The promotion will run from October 20 - November 1 and all promotional material will carry a "Star saver" theme.

Unichem offers

Unichem Ltd, Crown House, Morden, Surrey, are offering special terms during November for Anadin; Alberto Balsam conditioner, shampoo; Astral cream; Bisodol tablets; Cabdrivers linctus; Colgate dental cream; Cossack; Dr White's Panty Pads; Frador; Johnson's baby powder; Kotex New Freedom; Liquifruta; L'Oréal nail polish remover; Lotil cream; Lypsyl; Macleans indigestion tablets; Nice 'n' Easy; Nightnurse; Owbridges; Optone; Paddi Pads; Q-Tips; Rapid shave; Setlers; Super Matey; Three Wishes foam bath; Twice as Lasting; US antiperspirant; Vaseline Intensive Care lotion; Wella Balsam creme rinse.

Apocaire offers

Apocaire exclusive offers for November, by Sangers Ltd, Cinema House, 225 Oxford Street, London W1R 1AE, include: Aspro; Brut 33; Estolan; Formula 16; Kleenex for Men; Kotex; Lady Formula 16; Palmolive soap; Pure Silvikrin; Rennie; Signal; Silvikrin hairspray; Super Matey; Sure; VO5; Wilkinson Bonded blades.

Continued on p572

Trade news

Continued from p571

Tom Caxton Christmas advertising

A £20,000 pre-Christmas advertising burst in *News of the World* and *Sun* has been booked in support of the recently introduced Tom Caxton eight pint kits by Reckitt & Colman Food Division, Carrow, Norwich. The advertising for the beginner's kit—which sold a million pints worth in the first three months—compares Tom Caxton to pub beer, with a headline stating: "You can't buy it for love or money in a pub."

Special terms for shampoo

French & Scott Ltd, 717 North Circular Road, London NW2 7AL, whose olive oil cream shampoo was selected for use on the Everest expedition, are offering special bonus terms until the end of the year on orders which include olive oil cream shampoo. An additional 10 per cent discount will be allowed on orders which include the new counter display unit containing six 112-g jars and 36 sachets of the product.

Bonus offers

Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland. Jergens hand lotion, 12 invoiced as 11.

Jackel & Co Ltd, are also offering a free counter display unit complete with tester, on any orders taken to the value of £6.71.

Wilcox Laboratories, Castleham Road, St Leonards-on-Sea, East Sussex TN38 9NH. Mycolactine tablets. Four, 250-size invoiced as three; nine, 50-size invoiced as six (November only; quote ref no CD/MB/11/75).

on TV next week

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Islands

Atrix: All areas

Blue Stratos: Ln, So, A

Braun Quick Curl styling wand and HLD50 hairstyling set: All areas

Braun Synchron Plus shaver: All areas

Brobat Bloo: M, Lc, So

Denim: M

Divi-Dent: Ln

Dreamland and Monogram electric blankets: All areas

Lady Grecian 2000: All except U, E

Odor-Eaters: All except NE, U, E

Philips Home Trim: M, Lc, Y, NE

Philishave: All except E

Remington shavers: All areas

Seven Seas range: Lc, Sc, A

Sunsilk shampoo: All areas

Three Wishes soap: All areas

Vaseline Intensive Care lotion: Ln, M, Y, WW, So, We

New products

Electrical

Lower price shaver

A twin-head micro-slot model, the Selectro 12, is the latest shaver from Sperry Remington. Launched into the lower priced shaver sector in time for pre-Christmas spending, the Selectro 12 (£16.95) comes in a presentation case and has replaceable chrome-edged Lektro blade cutters. Other features include a multi-position comfort dial, and an extra position for use when trimming moustaches and sideboards. The shaver is supplied in a four-colour litho carton (Sperry Remington Consumer Products, Apex Tower, 7 High Street, New Malden, Surrey KT 3 4DL).

Cosmetics and toiletries

Dana introduce bath range

Dana Perfumes have introduced a bath range consisting of foam bath, hand and body lotion and soap in their Tabu fragrance.

Tabu foam bath (£1.95) is deep green in colour; the soap (£0.97) is "triple milled"; the hand and body lotion (£1.95) contains a moisturiser, skin toner and lanolin.

Dana's bath range comes in cream and bitter chocolate packs. An introductory offer of 50cc Tabu spray Cologne free, with either the foam bath or hand/body lotion, will run until stocks last (Dana Perfumes Ltd, 7 Conduit Street, London W1R 9TG).

For damaged hair

Inecto introduce oil of avocado shampoo and conditioner, two products for use on damaged hair.

The shampoo comes in sachets (£0.06½) and 90-cc bottles (£0.31), and the conditioner in sachets (£0.09½) and economy tubes (£0.19). The shampoo sachets are available in three-dozen display outers and the conditioner sachets in two-dozen display outers.

The shampoo bottles come in packs featuring an avocado, the oil of which the makers claim, will give "body" to dry, bleached, tinted or permed hair, making fine, fly-away hair more manageable (Rapidol Ltd, 22 St Margaret's Road, Hanwell, London W7 2PP).

Two from Payot

Payot of Paris have introduced Blush-on, a powder to shape and define the face, and Ombre-douce, a powder eye-shadow.

Blush-on comes in four shades: doré, a honey-golden tone, cuivré, a warm copper tint, rose, a blush-pink, and ivoire nacré, an iridescent ivory shade. Blush-on (£2.25) comes in a midnight-blue compact with mirror and applicator brush.

Ombre-douce is a cream-textured pow-



der eye-shadow that comes in 10 colours. These include muted greens, sea blues and autumn tones of rust, sand, steel grey and plum. The eye-shadow (£2.95) comes in a midnight-blue compact with mirror and sponge tip applicator (Payot Ltd, 139a New Bond Street, London W1Y 9FB).

Household

Self-sterilising cloth

A self-sterilising cloth has been launched by Externa-germ Products Ltd. Made from non-woven fabric and impregnated with a germicide coded STX 470, Externa-germ self-sterilising wiping cloths, which can also be used as hand towels, are active against most bacteria and will self-sterilise for up to seven days.

The bactericide is said to be attracted to cellulose fibres and will stay attached even through boiling processes. The cloths are expected to be useful in hospitals, surgeries and wherever particular attention has to be paid to hygiene.

At present they are available in packs of 25, packed 40 to a case (£26 delivered free in UK), with delivery ex-stock for small orders. Retail packs of 10 for consumers will be launched early 1976 backed by advertising (Externa-germ Products Ltd, PO box 179, London SW3).

Sundries

Cutie bags from Jacqueline

New from Jacqueline are Cutiebags (small £1.25; large £1.75), a combination of the Firefly range fabric and the 618 style beach bag. Both have the drawstring fastening and contrasting linings, and come in a choice of orange, blue and green (Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland).



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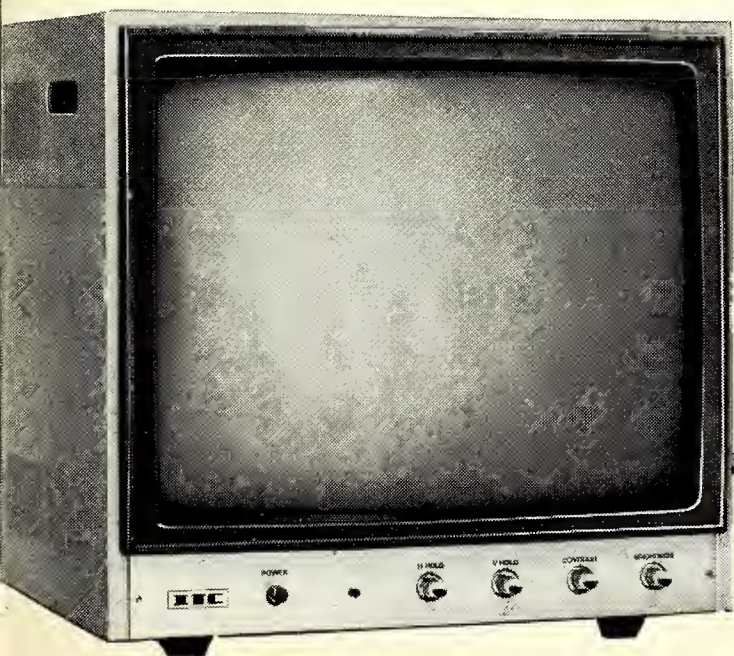
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Towards a national health programme in the US

Concern about the inflationary spiral in total health costs is expected to postpone any new Federal health programme in the United States until the 1980's, Dr Raymond A. Gosselin, MS, MBA, ScD, president, Massachusetts College of Pharmacy, told the Institute of Pharmacy Management's conference on October 13.

Speaking on the "Prospects for and implications of a national health programme in the US," Dr Gosselin said that some extension of either the present Medicare and Medicaid programmes, first implemented by Federal law in 1965, was possible as a result of next year's elections. Even those extensions, however, were apt to be more "cosmetic than real", and would bring with them increased Federal intervention in the health care field in order to contain costs.

Since 1950, the American pharmaceutical industry and the practice of pharmacy had grown at rates surpassing the economy at large as a result of population increase, a higher level of health awareness and consumer ability to pay for pharmaceutical products and services. Of all the elements comprising total health care costs, only prescription drugs had held constant during the inflationary spirals. "Yet this is the area of concern about future costs because of projected future utilisation rates under any Federally-funded programme. This in turn has led to the Department of Health, Education and Welfare's (HEW) maximum allowable cost (MAC) regulations which take effect on April 26, 1976, for all existing Federal programmes such as Medicare and Medicaid."

Major provisions

Describing the major provisions under MAC, Dr Gosselin said the Government will reimburse pharmacists the lesser of:

- ☐ the maximum allowable cost of the drug and a reasonable dispensing fee;
- ☐ the acquisition cost of the drug, plus a dispensing fee;
- ☐ the pharmacist's usual and customary charge to the general public.

MAC ceilings will be determined by the Pharmaceutical Reimbursement Board made up of department personnel. The ceilings will be for the "most often prescribed generic drugs which have the Food and Drug Administration's clearance on bioequivalence." MAC is to be the lowest unit price at which the drug is widely and consistently available to all contractors in the size unit most often purchased. The acquisition cost applies to all drugs reimbursed by Federal monies and will be estimated by individual state agencies.

The department is to furnish product cost information to these agencies and

will provide comparative cost information to physicians and pharmacists.

The prescriber may certify in his own handwriting that only a particular brand of drug is to be dispensed by the pharmacist. Should it exceed the MAC limit, the pharmacist will have to absorb the loss or refuse to fill the prescription.

Initially, the number of drugs will be limited to 10 or 20 and the total number of prescriptions coming under the Federal programme is relatively small. The impact upon individual pharmaceutical company sales of multiple-source drugs and the impact upon earnings at this time may not be noticeable.

In time, however, as a national health insurance or a national health programme developed and expanded, Dr Gosselin believed "the effect upon US companies'

domestic and foreign subsidiary operation could be significant."

During the discussion which followed Mr Spink said it seemed all the pressure was on the retailer. How would industry be affected? In reply Dr Gosselin gave an example of a proprietary which had 7 per cent of the market; the patent had run out and now there were other branded or generic products at lower rates. Imposition of MAC would affect sales of the original.

Mr E. A. Jensen asked how would the MAC price be arrived at? Would it be weighted? Dr Gosselin replied: "No methodology has been spelt out so far."

Inefficiency?

Dr T. G. Booth asked if it would not be perpetuating inefficiency if they use the insurance companies to run the new scheme in the same way as the existing Medicare scheme. Britain had had experience of insurance schemes and found them notoriously inefficient. Dr Gosselin replied that the insurance companies with their computers might not be so bad as suggested. "What worries me is the fact that the insurance companies would fix the pharmacist's dispensing fee because group of pharmacists cannot negotiate their fee with the insurance companies due to the anti-trust laws. That would be price fixing".

Defending industry's multinationals

Many highly emotive phrases have been used to describe the multinational company, said Mr A. S. Jerwood, a director of Merck Sharp & Dohme, in presenting a paper on the role of the multinational companies.

Mr Jerwood instanced the foreword written by Bob Edwards, MP, to Charles Levinson's book "The Multinational Pharmaceutical Industry", which said: "the high costs of drugs and medicines are often due to the exorbitant prices and super profits that are being made by half a dozen huge multinational companies in the pharmaceutical industry who today blanket the economies of the Western world."

Another definition used is "... a company engaged in worldwide operations whose decisions are taken by a central authority." But how did that differ from an international company?

"International symbolises excitement, ad-

venture, jumbo jets, holidays in Majorca. Multinational is the symbol of foreign financial power. The real difference is that the so-called multinationals are more centralised. In the pharmaceutical industry perhaps more than any other, decisions always have and always must be taken by central authority. The major reason is not financial but medical. Once a new medicine has been discovered, tested and approved, the manufacture has to be carried out under the strictest conditions of quality control at all stages to ensure that the final dose will be of the same standard wherever it is made and used throughout the world."

Profits in the UK have for so long been politically inspired as a "dirty word". Not until this year, said Mr Jerwood, "have the beginnings of realisation that low profits equal low investment, equal in-

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Mr V. K. Aidoo, Accra, Ghana (left), at the civic reception, tells Dr R. A. Gosselin, Massachusetts, USA, of the Institute's progress in Ghana

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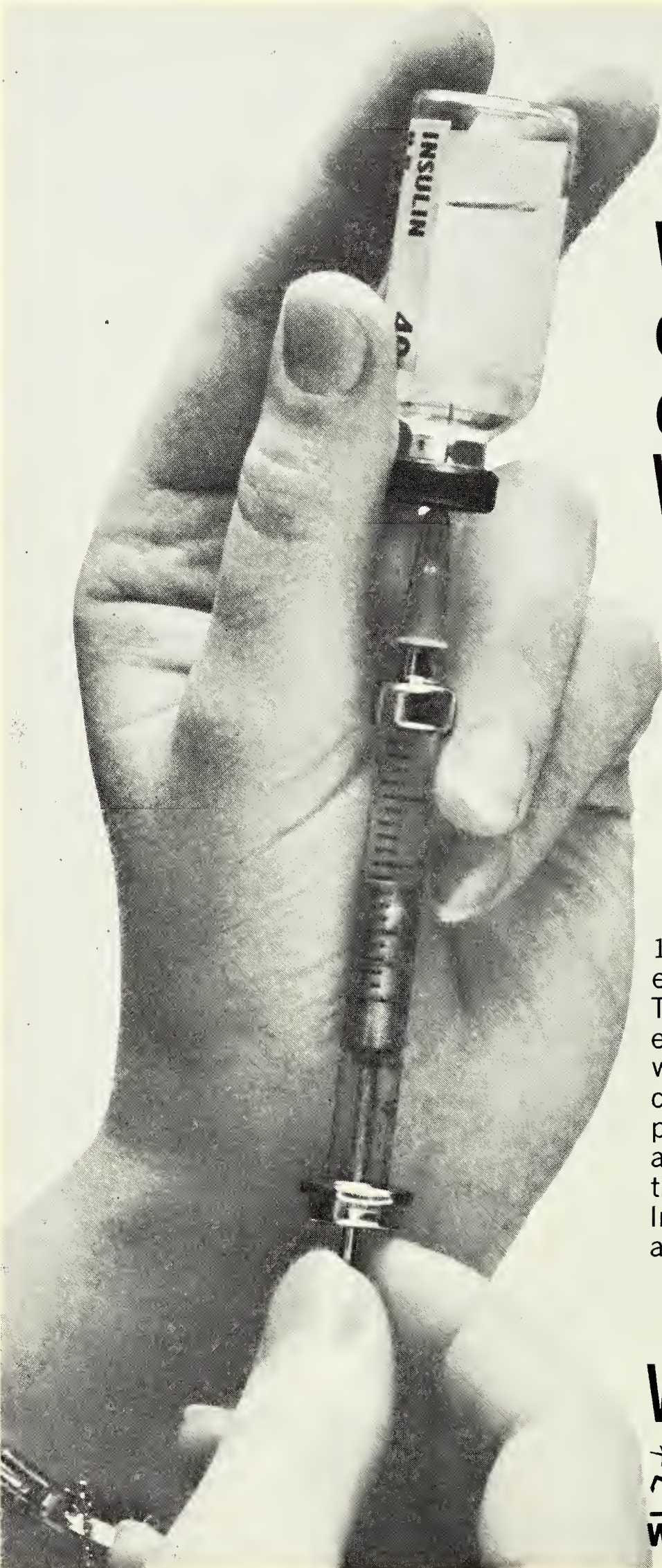
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Multinationals defended

Continued from p574

efficiency, equal unemployment, begun to trickle through the obtuse minds of our political masters."

Although there were many disincentives in the pharmaceutical industry (VPRS, corporation tax at 52 per cent, etc) two-thirds of which was foreign owned, there had been no flight of foreign companies from the UK. The reason, Mr Jerwood explained, was size. The UK home market was not large enough to support the tremendous sums now invested in research. As an indication of the amount required he revealed that his own company's spending on research in 1970 amounted to £29m and that this will have nearly doubled by the end of this year. The UK market was less than 4 per cent of the world total and could not, "by the wildest stretch of the imagination, find the £600m presently spent on research, whether the industry was nationalised, interfered with by Wedgwood Benn or left to its own resources."

Difficulties with pricing policies

Explaining some of the difficulties the multinational companies had over pricing policies, Mr Jerwood said the Customs and Excise's job was "to maximise revenue through the imposition of duties on the transfer price. With international corporations they assume the price is kept artificially low to avoid duties, so they uplift the price based on a formula working back from the ultimate selling price. The Inland Revenue's job on the other hand is to maximise the profit in order to increase their haul of taxes so they accuse international companies of setting their transfer prices too high to minimise profits. They can and do raise additional assessments based on their assumptions and neither Government department will acknowledge the validity of the other department's argument in settlement of their case. The Revenue also has the nasty habit, permissible in law, of dealing on a retrospective basis of up to six years. Similarly the UK Revenue ignores the rules of the US Revenue and vice versa so that a company can be squeezed in the middle and pay double taxes on its total income."

Concluding, the speaker said: "We in the pharmaceutical industry are used to attacks on our integrity, to our medical information being called promotion, to our reward for efficiency and effectiveness being called super-profits, even exploitation of the sick. Perhaps in the ethical world in which we live alongside the doctors and the pharmacists who not only serve the sick in their professional capacity but also work in our industry alongside the scientists, biochemists, virologists, parasitologists and others to produce the medicines we need, we have for too long assumed that others see us as we see ourselves. Perhaps it is now time for us to blow our trumpet loud and hard."

Open Shop

Twenty-four hour service

by F. P. Tenner

I was suspicious and a little disturbed at the nearness of the ACCC voting on whether a duty to provide out-of-hours dispensing should be included in the contract. I do not deny the need for such a service—in fact I am on the panel of pharmacists prepared to provide such a service in my area and I can claim I have been called upon more times than most.

It is, of course, a voluntary service, and one could complain that not enough pharmacists are prepared to provide it. No doubt there are reasons why many will not co-operate, such as distance between their pharmacy and their home and of course the remuneration.

Such is the position as I see it at the moment. Incidentally, the system we work is co-operation between the police and the medical profession, the police accepting the responsibility of calling the pharmacist to dispense a prescription marked "urgent." In the vast majority of cases the urgency has been justified and appreciated by the family concerned. On one occasion I was even offered a monetary reward, and in all cases apologies for the disturbance.

What of the alternative offered? A statutory duty imposed on all pharmacists under contract with an FPC is, to me, a horrible thought. I can foresee a complicated system which will be almost unworkable. I do not envy the ACCC and FPC administrator being called upon to work out such a system or rota.

One might argue that if all contractors were obliged to participate in such a scheme, the burden for each individual pharmacist would be light, but what is such a scheme going to cost? If I were called upon to be on duty for one week only in one year, I should want substantial remuneration. Virtually one would be a prisoner for that week. Social life would be appreciably affected; if one lived a distance from one's pharmacy, travelling time would be unbearable. It would certainly need substantial fees for such a

service. If the DHSS agreed to terms, which I doubt, I wonder how long it would be before a member of Parliament asked the question, "What is it costing to dispense a prescription out-of-hours?" I think the figure would be staggering.

As I have said, I recognise the need for an out-of-hours service, but I am convinced that this can be best achieved on a voluntary basis with, of course, an adequate and realistic fee. I have heard it said that more pharmacists would be prepared to offer such a service if the fees paid were realistic.

Mr Miall James suggested the most sensible idea when he asked the Central Contractors committee to produce a model scheme that could be followed by all. I look to the Committee to work out such a system which will prove satisfactory in operation and to negotiate a fair fee—and I hope for a voluntary scheme.

Expiry of patents

Some drug firms have not been slow in offering ampicillin to the professions and cajoling us with generous terms.

I have had a visit from a representative of one of the firms. I told him that so long as the DHSS paid me for Penbritin for ampicillin prescriptions, Penbritin would be supplied. I pointed out to him that they could not supply black and red capsules. He retorted that some of my customers would be receiving their grey and red capsules. I object to such sales tactics. He then said I would be losing money if I dispensed Penbritin against open prescriptions for ampicillin. Once again I showed my displeasure, and I pointed out that at the moment I should be paid the Penbritin price.

My principle is that only when the DHSS fix a price for ampicillin, and which is lower than Penbritin, would the generic be dispensed. This is my philosophy and will continue for the supply of all drugs when patents expire.

Hypermarkets—UK lags behind Europe

UK inflationary problems are unlikely to be solved without a significant move towards the dynamic form of retailing—hypermarkets—now being practised in the major countries of Europe, claims a survey by retailing and planning consultants MPC & Associates Ltd.

The survey compares hypermarket growth in 12 countries and shows that the UK lags behind with only four units established against 538 in Germany and 298 in France. In those two countries, hypermarket food prices are said to be 14 and 16 per cent respectively below those in food multiples operating in town centres, and hypermarkets now account for 9 and 7 per cent of the total retail market. "It

is significant that in those countries where hypermarket growth has been experienced in a dynamic manner, the growth of inflation has been substantially contained."

A substantial increase in hypermarket numbers is shown in each of the surveyed countries, compared with January 1973. The October 1975 figures are: Austria 23, Belgium 72, Denmark 4, Finland 11, Italy 8, Netherlands 12, Spain 5, Sweden 36, Switzerland 22. The numbers become more significant when selling area per 1,000 population is considered, with UK at the bottom of the league with 4 sq ft, Italy next with 13 and West Germany at the top with 632. Denmark, equal with UK on numbers, rates 149 on this scale.

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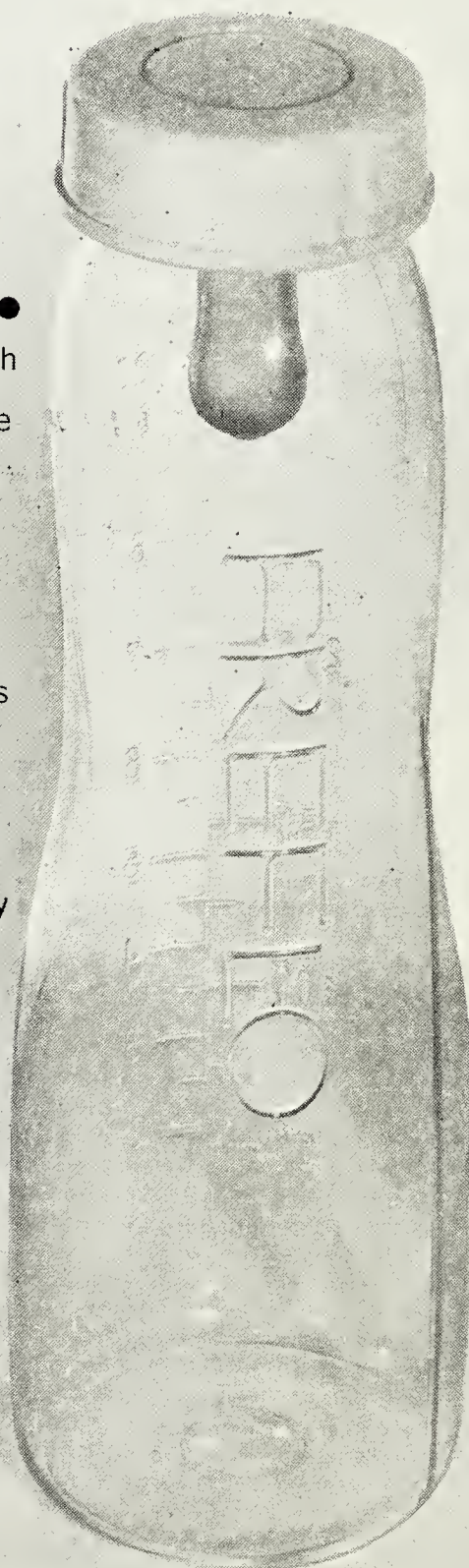
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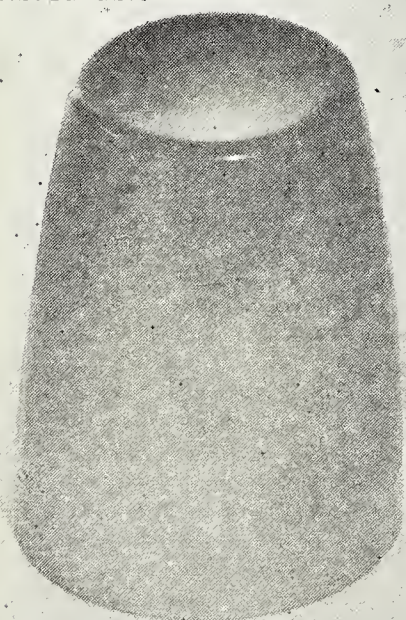
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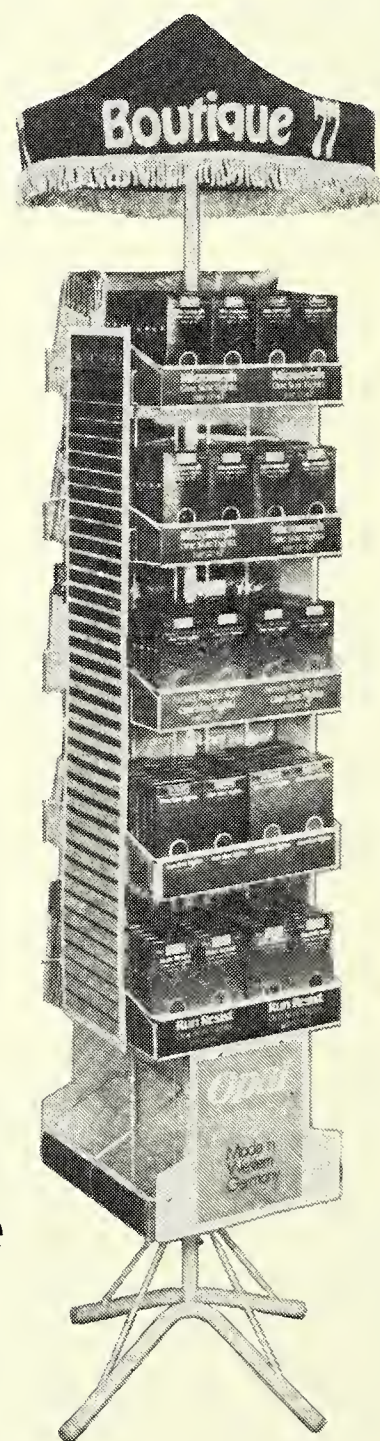
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IRISH CENTENARY CONGRESS

Warning that pharmacy is 'in danger of extinction'

Pharmacy is "in danger of extinction," according to Mr A. Howells, treasurer, Pharmaceutical Society of Great Britain.

Speaking on "an up-to-date look at world pharmacy", Mr Howells, who is also president of the Commonwealth Pharmaceutical Association, gave what he described as "a dreadful warning" to the profession. A "cold look" had to be taken at Sweden where retail pharmacy was now under the control of a single corporation established by the Government. Mr Howells explained the three classes of workers in Swedish pharmacies—the pharmacist in overall charge, the prescriptionist who dispensed those prescriptions requiring extemporaneous preparation, and the technician who was supervised by the prescriptionist. If the pharmacy was large enough then all three were employed, but when profitability dropped and there was a need to seek economies, then the pharmacist, being the most highly paid, "is the first one to go" and likewise, when a vacancy occurred for a manager, the prescriptionist would have the advantage over the newly graduated pharmacist of having had practical experience, and requiring a lower salary, so "will probably get the post."

'Painless' phasing out

When Mr Howells was in Sweden two years ago, he was told of newly-graduated pharmacists unable to get employment and having to seek work outside their profession. Dr Lonngren, chief pharmacist, National Corporation of Swedish Pharmacies, had said at last month's British Pharmaceutical Conference that it was not so now. He also said that there is only one school of pharmacy in Sweden and the school restricts the numbers entering to the number of pharmacists that the company would require at the time they came out. Mr Howells commented: "Do I need to spell out how to phase out a profession painlessly? Those of you who see in nationalisation their own salvation, I ask, look ahead and think of those who fall by the wayside."

Mrs Barbara Castle, Secretary of State

for Social Services, Mr Howells continued, had stated at the same BP Conference that "it was her intention to phase out the proprietor pharmacist in the UK and put us all in health centres—and no doubt in due course follow the example of Sweden, and use technicians qualified by experience to eventually replace the pharmacist."

Let us be on our guard and think very seriously, Mr Howells exhorted. Health centres were here to stay, and pharmacy would not benefit its cause by ignoring them or by remaining outside. "Let us follow the example here of the medical practitioner and go into the health centres but only as contractors, never as employees. Do not, in the hospital service, accept that technicians are the people to do the dispensing and that a pharmacist should not demean himself by actually dispensing, but should only supervise . . . Remember that a technician with five or 10 years practical experience will be far more expert than a newly graduated pharmacist."

Dispensing doctors

Earlier Mr Howells had spoken on a "universal" problem—that of the dispensing doctor. "With tongue in cheek the medical profession claim that it is a 'way of life', that it is done entirely in the interests of patients, that pharmacists operate only on a 9 am to 5 pm basis, leaving them to deal with the urgent out of hours business. The fact of the matter is that there is no one more commercially-minded than the dispensing doctor."

In South Africa such a doctor was known as a "trading doctor"—a term Mr Howells liked very much. He had learned that doctors there were forming wholesale companies, marketing "ethicals" under their own brand name and then prescribing only those brands. In Trinidad he heard of doctors who gave their patients, in place of a prescription, an order marked "for use in my practice," having told the patient how to take or use the item. They expected the pharmacist to charge the wholesale price "thus enabling

the doctor to charge a higher fee or get more patients by claiming to provide treatment at reduced rates."

Pharmacy in the greater part of the world had modelled itself upon Britain, said Mr Howells, and, as far as the Commonwealth was concerned, the standard of education and practice in Great Britain was the example to which they aspired. A number of countries insisted upon registration with the Great Britain Society before permission to practice was given; that was the case in Uganda before General Amin took over, but Mr Howells did not know the present situation as the majority of pharmacists, being Asian in origin, were no longer there.

Australian practice

Australia was similar to Britain both in practice and education. Each of the six states had its own pharmacy board and its own pharmaceutical society, and there was mutual recognition of qualifications. The clean and bright pharmacies were run efficiently, but many presented a commercial front to the public. Despite the "rather blatant" display of cut-price cosmetics, once inside, "you cannot fail to be impressed with the quiet professional atmosphere of the dispensary," said Mr Howells. Prescriptions were generally recorded onto microfilm and all labels for dispensed medicines were typewritten—something Mr Howells would like to see extended to the UK and Eire. They were also concerned about the growth of health centres and had the dispensing doctor problem.

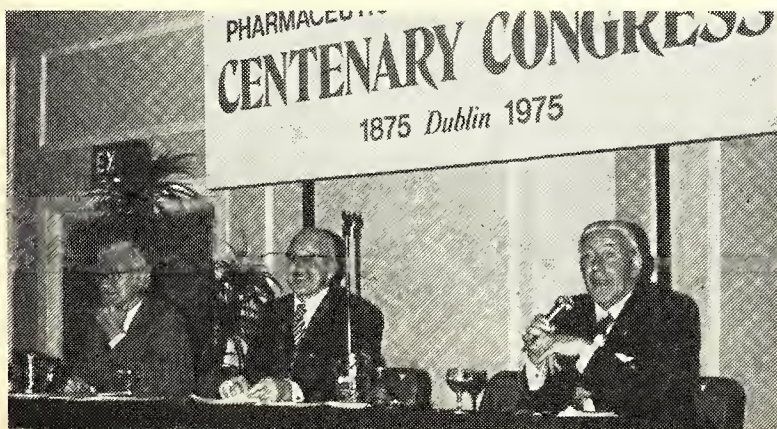
In South African pharmacy, *apartheid* appeared to operate against the European. Mr Howells explained that a European could qualify to practice by obtaining either a pharmacy degree from a university or a diploma from one of five colleges of advanced technical education—the entrance requirements and duration for both courses were the same—but a diploma holder, however brilliant, could not proceed to a higher qualification. The result seemed to Mr Howells to be that diploma pharmacists went mainly into retail while the degree holder opted for industry or teaching. The colleges only catered for Europeans, whilst the five universities each catered for a single class—Coloureds, Africans, European—so non-European entry was by degree only.

The profession was controlled by the Pharmacy Board responsible to the Government. The 1974 Pharmacy Act of South Africa included provisions granting the Board power to register technicians, phase out corporate bodies, and limit inventories to traditional goods. On the latter, the Board had decided this month to a phasing out over a five-year period.

Education was one of the problems shared by practically all the developing countries, said Mr Howells. It was still possible to become a pharmacist without any minimum basic standard of education, needing only to have worked in a shop or hospital for a period which varied from six months to four years—and being able to prove it—to obtain a licence to open a pharmacy and practise as a pharmacist.

In India, retail pharmacy still had a long way to go before it equated with

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Mr W. A. G. Kneale (left) and Mr D. O'Flynn, chairman, Southern Health Board, listen as Mr A. Howells replies to a point raised during the discussion on world pharmacy

IRISH CONGRESS

Education problems

Continued from p581

that in the British Isles. Until 1948 a rudimentary type of training, which varied from six months to one year, was given by doctors in Government hospitals, after which trainees received a compounder's certificate entitling them to registration. Since 1948, three types of education had been considered necessary: a two-year diploma course followed by 250 hours practical training for hospitals, dispensaries and chemist shops; a four-year degree course, with emphasis on chemical engineering and formulation, with three months' practical training in a manufacturing plant; and postgraduate courses of two or three years leading to MPharm or PhD.

Mr Howells commented: "The problem of training pharmacists in India in sufficient numbers for its teeming millions is colossal and with the best will in the world it will be many years before even a diploma of two years education is the rule." There were some 34 institutions with a diploma course, with a total student capacity of 1,719, and 15 providing a degree course with an intake of only 496. A breakdown of the 1969 Register showed that, of a total of 75,000 pharmacists, only 2,874 held a diploma or degree, 22,651 had some institutional training and 49,475 compounding experience only.

"To add to their difficulties I understand that ownership of pharmacies is largely in the hands of the doctors who thereby have a vested interest in keeping the educational standard down," Mr Howells added. Also the Hathi Committee, set up by the Government to look into pharmacy in India, had now suggested an immediate revision of the present syllabus to tailor the course to suit the country's needs; the Committee were suggesting "an intensive, need-oriented course of short duration" for training dispensers who could then be licensed to establish pharmacies in smaller towns, rural areas and remote parts of the country.

EEC pharmacy

Mr W. A. G. Kneale, EEC liaison secretary, National Pharmaceutical Union, spoke on pharmacy in EEC countries. Referring to the "long battle" over the responsible person in the Directives relating to pharmaceuticals, Mr Kneale said pharmacists had had to yield ground. However, the discussions had been an exciting experience for him, and he felt sure they had pioneered a political process which would have "far reaching consequences in the future."

Pharmacists in Belgium had been on strike three times since 1965, said Mr Kneale, the latest being in June this year. Linked with good Press and television

coverage, the public opinion had forced the mutual insurance companies, who pay for medicines in Belgium, to increase their payments; Belgian pharmacists obtained 80 per cent of their income from insurance work. A certain amount of "decommercialisation" had occurred since 1968, and the position was now such that a Royal Warrant—only given after consultation between pharmacists, doctors and civil authorities—was needed to open a new pharmacy.

There are 11,000 pharmacies and 20,000 pharmacists in West Germany, and there was controlled geographical distribution until 1958. Since that control had been dropped, there were 250 new pharmacies opening a year, with the result that there is now one pharmacy for every 4,500 people. All dispensing is done by pharmacists, but 14,000 drug stores sell medicines and simple remedies. The Government only finances 750 pharmacy places at universities and there is fierce competition between 12,000 students trying to get places annually.

Italian monopoly

In Italy there is a complete dispensing monopoly and state controlled geographic distribution with one pharmacy for each 4,000 people. The pharmacies cannot be less than 200 yards apart, and no drug stores are allowed. Rural pharmacies serving populations of less than 4,000 are subsidised by the State, and a 24-hour service exists throughout the country. Turnover varies from about £30,000 (rural) to £300,000 (city centre) with a fixed profit rate of 23.6 per cent. A proprietor earns about £6,000 a year and an employee £4,500, but the cost of living is lower. Of the 13,000 pharmacists, 80 per cent are women and there are about 2½ pharmacists per pharmacy. Mr Kneale thought it interesting that when a pharmacist obtained a proprietorship, he could only buy a new pharmacy once in his lifetime—either within 12 months or not until 10 years later.

France has 17,000 pharmacies—one per 3,000 of the population—and a new one is only opened when there is a proven need, such as a new housing estate. A second pharmacist has to be employed when turnover is above £60,000, and the average turnover is currently about £70,000 with a profit margin of 26 per cent. Pharmacists have a complete monopoly of dispensing except in isolated rural areas. Although some 3,000 pharmacists are produced each year, the French argue that 60 per cent are women who seldom return to the profession after they marry.

Denmark has about 300 pharmacies for a population of 5m—one pharmacy per 14,000 people. However there are some 900 depots—which also sell simple medicines—where prescriptions are collected for dispensing at the nearest pharmacy. Although doctors can dispense, none do so. About half of a pharmacy's remuneration comes from sickness funds, 25 per cent from private prescriptions, and 25 per cent from old people's prescriptions, which are paid for by local authorities. There is an "equalisation" fund with contributions of 5½ per cent of turnover to help less viable pharmacies. Salaries, according to age, vary between £4,000 and



Mr T. McAuliffe, Dublin, receives the Antigen Cup from Mrs Boles, wife of the Society's president, Dr W. E. Boles, for the best score in the golf competition held during the Congress

£8,000 for employees and more for proprietors, but income tax is about 50 per cent. All pharmacies must have two pharmacists.

When a pharmacy becomes vacant, any pharmacist up to the age of 50 can apply to buy it, and a board, consisting of one employer and one employee pharmacist, is set up. Three names are chosen, and the Minister of Internal Affairs makes the final decision on the basis of who has the ability to give the most efficient service. "It seems to me that all of this adds up to what is almost a nationalised set-up, although the Danes insist it is not," Mr Kneale added.

Holland's drug stores

In Holland, there are 850 pharmacies (one per 15,000 population) and 1,000 pharmacists—although 5,000 drug stores sell 60 per cent of all proprietary medicines. Pharmacies are only open 8.30 am to 5.30 pm and closed on Saturdays and Sundays, but a 24-hour service is available. Some 91 sickness funds operate a scheme, supervised by the Pharmaceutical Association, in which patients choose their pharmacy, which is then paid about £1.70 a year capitation fee whether a prescription is dispensed there or not, and a £0.10 fee for each dispensing. Although about 1,400 doctors dispense, the doctor now lost his right on retiring if a pharmacy had opened in the community.

Luxembourg has 68 pharmacies for 330,000 people, and they are let out by the Government on a concession basis for two per cent of turnover. Again there is a 24-hour cover, but dispensing out of hours attracts only a small fee as the pharmacists feel they should provide such a service because they hold a dispensing monopoly.

Mr Kneale said that the Continental pharmacist found it very difficult to come to terms with practice in the UK, partly because of the comprehensive NHS service, partly because 35 per cent of income came from non-pharmaceutical lines, and partly because of multiple ownership.

During the discussion, Mr J. Coleman, registrar, Pharmaceutical Society of Ireland, asked how company pharmacy could be got rid of. Mr Howells said that legislation was the answer in South Africa, but felt this was a "pipedream" in the UK because far too much money was involved, and the lobby was too strong against the independent pharmacist.

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It's a staggering figure by any standards.

In just six weeks, we're spending some £10,000 in the national press.

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It's a highly intensive Autumn campaign that's going to generate high sales, and high profits, for you.

We start on October 26th in the 'News of the World', and from then until the first week of December ads will appear in the 'Sun', the 'Daily Mirror', the 'Sunday Mirror', the 'Sunday People', the 'Daily Mail', and 'Reveille'.

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we've got the way.**



**With so many different
it'd look pretty funny if we**



Women might wear almost the same clothes. Or use almost the same perfume.

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So we kept this very much in mind.

And we didn't just design one hairdrier. We designed a complete range.

One for almost every style you can imagine.

There are two Standing Hood Hairdriers. A Lightweight Pistol Hairdrier. Three Curler Sets. A Hairstyling Set. A Compact Hairdrier. And a Floating Hairdrier.

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So make sure you've checked your stock.

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And every woman.



PHILIPS

Simply years ahead.

Suggested selling prices (inc. VAT) of products shown here: Standing Hood Hairdriers £13.99 and £15.99. Lightweight Pistol Hairdrier £8.39. Curler Sets £14.95 - £16.99. Hairstyling Set £16.49. Compact Hairdrier £9.99. Floating Hairdrier £16.19.

nt hairstyles around, only made one hairdrier.



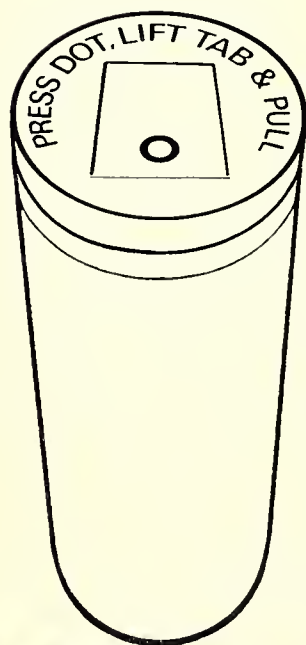
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Poplok



Metal Box

Plastics Group, Metal Box Limited,
Queens House, Forbury Road, Reading RG1 3JH.
Tel: 0734 581177 Telex: 847437.



Beatson Clark

Beatson, Clark & Company Limited,
23 Moorgate Road, Rotherham, South Yorkshire S60 2AA.
Tel: 0709 79141 Telex: 54329.

IRISH CENTENARY CONGRESS

Pharmacists, consumers attack medicines advertising

Much of the advertising of non-prescription medicines is misleading and leads to lack of choice according to Mr T. Carey, chairman, Consumers Association of Ireland.

Speaking at the symposium on advertising and medicines, Mr Carey quoted advertisements for an analgesic which included a claim to lift "depression"—he had queried this and was told by the manufacturer that the basis for the claim was that the preparation contained caffeine, but, he commented, more caffeine could be present in a cup of coffee. He also doubted the value of many tonics and vitamin preparations.

The advertising of branded medicines was so extensive and persistent that there was little demand for non-branded preparations which the pharmacist thus could not reasonably be expected to stock. The net result of advertising was thus that the choice was narrowed and the price increased. From a survey of advertisements in newspapers, he had concluded that such advertising was directed to the more gullible and less well off people; he had written to the Irish Ministers for Commerce and Health calling on them to prohibit misleading advertising without delay, and to set up a programme of instruction in the use and misuse of non-prescription medicines.

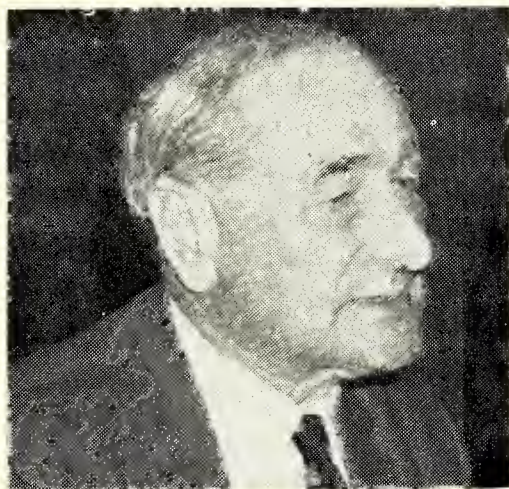
Industry viewpoint

Mr C. C. B. Stevens, Council member, Pharmaceutical Society of Great Britain, put the industry's case from the Pharmaceutical, Chemical and Allied Industries Association's view.

A World Health Organisation symposium on clinical pharmacological evaluation in drug controls, held in 1973, had agreed that the public is entitled to expect that self medication preparations are reasonably safe and that their efficacy corresponds to claims made for them; drug control authorities were asked to take measures to ensure appropriate formulation, labelling and promotion so as to make sure the practice does not involve undue risks, and that the public is adequately informed of the proper use of such drugs. Mr Stevens said the industry accepted the safeguards as necessary and they were willing to co-operate over them. Purely correct and dignified advertising was the best way to ensure that the public is adequately informed on the proper use of such drugs, he asked.

Most countries have codes on the advertising of medicines. The PCA has its own voluntary code, and there were "relatively few" complaints to the Irish National Code of Advertising Standards Committee. Restrictions on television advertising were even more stringent.

The EEC was currently in the early



Mr Stevens gave the industry's view

stages of discussions on a draft directive concerning the promotion of OTC medicines. The Pharmaceutical Industry Association in EFTA already had a list of conditions on the subject. Mr Stevens commented: "The significance is not in the fact that these rules are being devised, but that it is recognised as a long term statement of intention that advertising and promotion of these medicines should take place. What the industry asks is that all concerned should adopt a reasonable and fair attitude towards advertising as the industry itself is prepared to do."

Turning to the distribution of medicines Mr Stevens quoted an Australian resolution at the FIP meeting in Rome last year. The resolution was that in nations where control of distribution exists for therapeutic substances to be sold by pharmacists only, this should continue; but in nations where such controls do not at present apply, the government should take whatever steps are necessary to restrict the distribution of therapeutic substances to outlets under the control or supervision of pharmacists. Mr Stevens said: "While recognising the important part played by pharmacists and their valuable contribution to public health, the industry believes that such a general restriction is unrealistic and would be against the public interest."

A special FIP subcommittee, drawn from industry pharmacists, had studied the question in depth at the FIP meeting in Dublin last month. Among the information that came to light, said Mr. Stevens, was that in Holland—a country regarded as having a high standard of pharmacy—68 per cent of OTC medicines are purchased at "unqualified" drug stores; also 76.4 per cent of the population requiring something for a headache go to the drug store and only 23.6 per cent to the pharmacy. "This means the distribution through non-pharmaceutical channels is important to the patient and the industry, and any

change would endanger the national health and affect income patterns."

Mr Stevens concluded with a quotation from the World Federation of Proprietary Manufacturers: "Any consideration of distribution patterns must include an assessment of the convenience to the public. In any country which does not have an adequate number of pharmacies which are carefully sited with the public's convenience in mind, a monopoly of distribution by pharmacists will create acute difficulties for the treatment of minor ailments. One could not accept the facile argument that in order to achieve a pharmacy monopoly it is only necessary to train more pharmacists and open more pharmacies as such a policy would not achieve the required result for a considerable number of years. In the end the larger number of pharmacies would seldom be economically viable."

Mr T. H. D. Wilson, a consultant surgeon, felt that self medication was a vital adjunct to any doctor's practice. However, he felt there was a need for care over the question of the ethics in advertising; the advertiser was dealing with a group of people who were weakened and vulnerable because they were sick, worried and in need of medication.

Opening the discussion, Mr A. Howells, Great Britain, said it was important to realise that medicines were not ordinary articles of merchandise, and there should be no inducement to buy when they were not needed or as a result of a special offer. Would Mr Stevens agree that a ban on brand names would help? In reply, Mr Stevens forecast there would be confusion if trade names were banned, as they were an indication of origin; and were tied up with questions of bioavailability, standards and quality. France did ban them in 1945, but reintroduced them in 1956.

Mr R. J. Power Wicklow, felt the industry had the wrong attitude over sales outside of pharmacies.

Pharmacists' faults

Mr Stevens said he was "torn in two" on the problem. He felt it had to be recognised that in modern society economics and public convenience played a very real part, and there were faults on the parts of pharmacists; many new graduates had a "don't care" attitude and would rather sell a made up branded medicine than make up a similar mixture, and there was the attitude of pharmacists who would not take responsibility which had led to provision for the sale of medicines from slot machines—British pharmacists had recently turned down the idea of a 24-hour service.

Mr A. O'Shea, Cork, saw four contradictions in purpose of the sale of branded medicines: the manufacturer was concerned to maximise sales, the public interest called for as wide access as possible, the consumer wanted competition to get the lowest price, but most important of all, the patient should get the maximum benefit of a product—which could mean not selling it to him at all. He felt the state should ensure there was an adequate pharmaceutical service.

Mr Stevens observed that no speaker

Continued on p588

Medicine advertising

Continued from p587

had disagreed that there should be self medication, "because you're prepared to have it, providing it isn't advertised, and provided it's through a pharmacy. What you really want to do is supplant what you consider the manufacturer's monopoly based on power and money to advertise, by the pharmacist's monopoly based on professional training." He saw nothing wrong with that, "providing you can justify it and provide the service."

The suggestion that the state should ensure a proper service "is the slow and definite walk towards a fully nationalised pharmaceutical service and the death of community pharmacy as we know it today." The centralisation of pharmacies in and around health centres was approaching a state service, but the public was not better served, rather it was worse served, "because no state under normal conditions of economics will plan for the man over the mountains or the person in the rural community".

Mr R. J. Semple, Dublin, wondered why the industry was so reluctant to take more pharmacy graduates. There had been no great co-operation between the Pharmaceutical Society and the industry, and while he would not comment that their advertising was unethical, he did feel "they push medicines too hard".

Self control 'not working'

Mr J. Bannerman, president, Pharmaceutical Society of Great Britain, said there was no disagreement that self medication was needed, or that self control by the industry was a good thing. At the same time, however, Mr Carey's examples had shown that self control "just did not work". The authority of the pharmacist had been circumscribed and whittled away by advertising; it was not that pharmacists did not want to handle standard preparations, but advertising had shifted public demand so far away from them that it was very difficult to get the public's belief back into such products.

It was no defence of a bad system of medicines distribution by pointing out one or two deficiencies within pharmacy, he continued. In the final analysis "it is in the public interest to have medicines sold by a pharmacist, giving advice where necessary, untrammelled by any advertising". He asked Mr Stevens if planned distribution of pharmacies was obtained, would pharmacy then have sole distribution of medicines.

Mr Stevens did not think planned distribution would be the answer—it could not overcome the questions of public convenience and economics. "In my view planned distribution of pharmacies without massive subsidy from the state will mean less pharmacies not more." Unless those which did remain were prepared to set up a sub-distribution service—possibly at little or no profit—he did not think pharmacy would ever get a monopoly of medicines sales.

IRISH CENTENARY CONGRESS

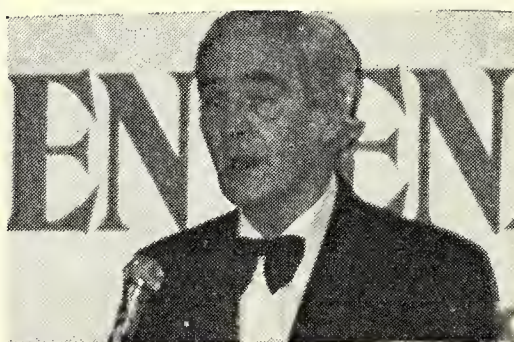
Consumers' involvement needed in pharmacy limitation decision

The Pharmaceutical Society of Ireland may have to accept a "consumers voice" on its Council if there is to be controlled geographic distribution of pharmacies; and there may be a single Act on pharmacy in the Republic.

These ideas—together with acceptance in principle of a four year pharmacy course—were suggested by Mr Brendan Corish, Irish Minister for Health, at the Centenary Congress banquet. Opening his address, Mr Corish congratulated the Society on achieving its centenary, and he paid tribute to what he called the reasonable attitude the Irish Pharmaceutical Union had taken during the recent GMS discussions. The Society had certainly achieved the basic objective of the 1875 Act which set it up, although there had been many changes in pharmacy since then, and he appreciated the co-operation which existed between the Society in the Republic and the Northern Ireland Society.

Turning to the pharmacy course, Mr Corish said that it had been improved throughout the years to keep pace with the increasing complexity of the profession. The most recent change—to a four year course—was proposed in draft regulations submitted to him on September 26. While the details were still under examination by the Department of Health, "I am pleased to say that in principle I accept the idea of this four year course and I am willing to give my approval to the proposal so that it may be commenced in the present academic year."

The Society and the Union had also recently put before the Department proposals on the future definition of the pharmacists' role. While he would have liked to have been able to mark the occasion by announcing a firm and detailed policy, he could not do so: "Pharmacy has become too important in the life of the community for these kind of broad ranging decisions required to be taken without full exchange of views between all the interests involved." While not saying the proposed definition was wrong, Mr Corish added he wanted to have it discussed jointly with the medical profession and other interests.



Mr Corish speaking at the banquet

He instanced the proposal for control over the location of pharmacies, which he recognised as tied to the wish that the non-pharmaceutical side of business should be phased out. "I see this as desirable in principle, but if it is to be implemented in all areas it could well mean that some small towns and villages would no longer have a pharmacy by its own right . . . a viable proposition," he commented, adding that a compromise might have to be worked out.

The whole background to the 1875 Act—which was designed for the proliferation of pharmacies under the Society's aegis, the opposite to control—might have to be looked at. If there was to be new legislation to regulate the spread of pharmacies, "then the direct public interest involved in the availability of new pharmacies might require us to look at the constitution of the Society, perhaps with the idea of having what might be described as consumer representation on its Council."

Single Act has advantages

On the question of how consideration of the proposals should be undertaken, Mr Corish felt he would like to see discussions involving the profession, the Department and doctors' representatives, as the proposals "undoubtedly" impinged on the medical profession. A look would also have to be taken at the basic legislation, possibly to replace it by a single Act. "I see advantage in this and I would like my Department to discuss it further with you."

However, he rejected the idea of a Royal Commission into pharmacy, as such a procedure did not match the present pace of development, but proposed instead a series of direct discussions between the Department, the Society, the Union and, on appropriate issues, the medical profession, manufacturers, wholesalers and other interested bodies. In this way he hoped to have "a clear and early basis" for policy decisions.

Replying, Dr W. E. Boles, the Society's president, said he was pleased that the minister had agreed to the four year course, which would allow Ireland to keep abreast of its EEC colleagues. The closure of pharmacies in small towns was also of concern to the Society, but he felt that removing the ancillary trading was not the "nub" of the problem. He recalled that there had been a net loss of 150 pharmacies in the Republic in the last 10 years, and pointed out that the pattern of new openings was very different to the pattern of closures. The Society predicted a significant reduction in the total number of pharmacies, but that was not necessarily bad as it would result in more economically viable units remaining. However, Dr Boles welcomed the minister's proposal for extended discussions.

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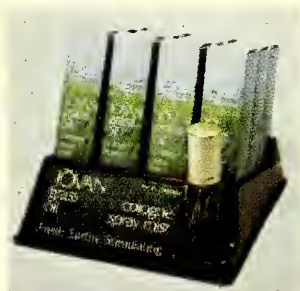
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IRISH CENTENARY CONGRESS

Call for professions to form trade unions

There is now "little or no justification" for professions to remain outside the mainstream of legally constituted trade union practice, according to Mr Jack Lynch, TD, Leader of the Opposition in the Irish Parliament.

Mr Lynch, speaking on "Professions and the State—partnership or conflict", said that the influential position the Pharmaceutical Society of Ireland occupied today was largely due to the Pharmacy Act of 1875, "for without this Act your Society would have lacked the power . . . to control educational standards, set up a Register and protect the public from unqualified practitioners". Such power then, came directly from the State, and "without this State recognition and support a high uniformity and standard of practice together with public acceptance could not have been easily achieved".

Mr Lynch traced the development of the liberal professions to the time when social change obliged the State, willingly or unwillingly, to pay for a service to a large segment of the population who could not otherwise afford it.

It was only natural that the professional man should seek the means to protect his interests in such an enterprise. The Constitution guaranteed him the right to join a trade union. "Therefore I see no reason why professional associations should not become trade unions. I believe it should be the policy of Government to encourage this trend."

Equality necessary

The greater equality there was around any negotiating table—concerned with seeking a settlement where a dispute between the contracting parties had occurred—the more likely it was that a harmonious result would ensue. Once one party was put in an inferior position, there was likely to be at least a postponement of an amicable settlement. "Therefore it is necessary to have representatives with adequate training, experience and skill at the negotiating table, but representatives at the same time, with the necessary degree of objectivity and concern for the public wellbeing as well as for the particular interest of those they represent."

Mr Lynch continued: "Whereas previously professional organisations frequently came to the negotiating table in a somewhat elitist character, there is now little or no justification for these associations to remain outside the mainstream of legally constituted trade union practice . . . I have no doubt that they would lose neither authority, integrity nor status by this change, for trade unions as presently constituted in our society have become powerful and influential 'interest' groups. I have no hesitation in saying that such a move by organisations of professional

people is not just logical, it is also desirable. Without such a change they may have difficulty in convincing other legitimate interest groups within the State of their demands in a rapidly changing social and economic environment."

Mr T. O'Rourke, Council member, Pharmaceutical Society of Northern Ireland, said that the independent professions took, or were given, certain powers, most importantly the power to stop anyone else using their titles or doing their jobs. Thus they became not only independent but "jealously monopolistic". Where did the State stand, he asked. "Is it prepared to support the professions in the fight to continue their closed shops or does it take the view that in the interests of the public and efficiency, the professional monopolistic barriers should be destroyed so that anyone can set up shop?"

Until recently it would have been unthinkable for the State to question the profession's monopolies or their right to self government. But it has become fashionable to question the status quo; "established values and practices have fallen like skittles before the onslaught of education and mass communication".

Pharmacy was perhaps the worst off of any liberal profession. It had its restrictive practices, closed shops, monopolistic tendencies and self government, and its image and public relations were so bad that many did not regard it as a profession at all. The retail pharmacist also had to fight the government on consumer law—which he described as "anti-retailer legislation"—as well as on the professional platform. Nationalisation, he felt, would be "a move from a hot frying pan to a very hot fire".

Two examples of partnership between the State and the pharmaceutical profession were the reorganisation of the health services and the Medicines Act. The former was to streamline the service, but it had led to the reverse being true; one Health Service Board for Northern Ireland had been replaced by four area boards, resulting in administrative difficulties and

even more confusion between the external committees which had been set up. As for the Medicines Act, the only tangible result so far was that the sale of household medicines such as aspirin had to be supervised by the pharmacist in the pharmacy whilst the same preparations were freely available in a supermarket on a self-selection basis without any control.

The profession was at last awakened to the danger of health centres and civil servants had constantly refused to agree with representatives of the profession on the rationalisation of the pharmaceutical service. Mr O'Rourke added that 64 per cent of Northern Ireland doctors were expected to be practising from health centres shortly; if pharmacy departments were to be included in those centres, it would lead to many gaps in the present spread of community pharmacies and to the greater inconvenience of the general public. The number of pharmacists required would be drastically reduced, and Queen's University Department of Pharmacy would be graduating sufficient pharmacists each year for ten years' supply.

Pharmacists are best judges

Commenting on how to resolve the conflict, Mr O'Rourke said: "Instead of internal bickering among ourselves as to whether we should let the public know that we are chemists or pharmacists, should we not take a leaf from the doctors' book and impress on the civil service and politicians that we are the best judges of the type of pharmaceutical service which the public requires".

Mr P. Duffy, the pharmacist chairman of the Southern Health Board, said that confrontation was often due to a lack of communication and dialogue. It was "incredible" that there was virtually no liaison in the General Medical Service Scheme, although the scheme cost £20m a year to run; he felt there should be a pharmacist on the staff of each directorate of community care for such liaison.

During the discussion Mr A. O'Shea, Cork, said there were two elements to the profession's restrictive practices; professional and financial. As long as the former type led to high standards of practice and conduct, it should be left to the profession. However the State "naturally and necessarily" built up a right of interference and inquiry when it provided the finance. He forecast that the State would demand—"and we should be happy to supply"—increased hours and standards of service. Mr R. J. Semple, Dublin, suggested that a "bureau of professions" should be set up in the civil service to discuss the professions problems.

From left, Dr T. Murphy, president, University College Dublin; Mrs Cora Watson, president, Pharmaceutical Society of NI; Dr F. S. L. Lyons, provost, Trinity College Dublin; Mr J. Bannerman, president, Pharmaceutical Society of Great

Britain, who were made Fellows of the Pharmaceutical Society of Ireland last week



Unichem and Boots help Canterbury

250,000 collecting boxes on the counters of retail shops, chain stores and supermarkets is the aim in a special campaign organised by Sir Anthony Burney for the Canterbury Cathedral Appeal to be launched on November 24.

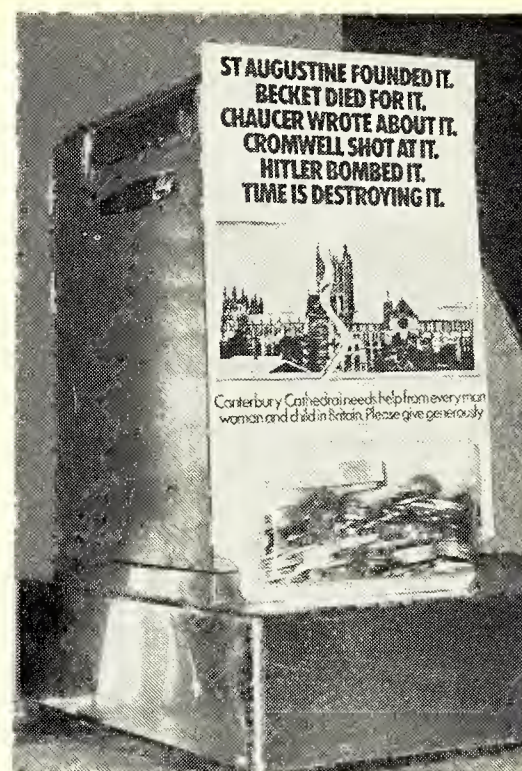
In addition to the large groups such as Boots who are arranging their own distribution of the collecting boxes, wholesalers are to participate in the scheme by

distributing to the independent and smaller retail chains and to individual shops. Unichem have agreed to distribute collecting boxes to chemists who inform them of their interest in the campaign.

Collecting boxes, when full or at the end of the campaign are to be handed in at any branch of the Clearing Banks—Lloyds, National Westminster, Barclays and Midland—who will accept the box and give a receipt and are providing banking facilities for the campaign free of charge.

All the campaign boxes and posters have the same theme of a photograph of the cathedral and a message asking every man, woman and child to give generously. Car stickers, lapel badges and book matches will also be available for distribution, together with Christmas cards which will be sold in aid of the Appeal.

Two records, one of the Cathedral choir and another of the choir with a number of popular stars singing Christmas carols are to be released. In January it is hoped to show on television a documentary dealing with the history of the cathedral presented by Prince Charles.



Letters

Continued from p564

possibly and with a sense of social accountability.

The consultative document asks for an extension of licensing—a system which already exists. But our Council members look on this as again threatening individual freedom. The document states that licensing extension is essential to cover private hospitals and nursing homes of dubious character. This is not only desirable but also tries to ensure the safety and health of those who use the facilities.

Are Council members more concerned with the freedom to exploit and to ensure that greed overcomes all health care systems, whether in hospitals or in private practice? Should they not concern themselves with the Hippocratic oath—which also affects pharmacists as successors to the Apothecaries—"do good and do no harm—and make no charge". We have long forgotten this oath as the ethic which should be the basis of our work.

All other health workers should combine and join the call to separate private practice from the NHS if this is to regain its health and prosper in the future.

T. C. Thomas
London N3.

Alternative to ASTMS

I read with interest letters from Messrs Hampson and "Davies" (C&D October 18, p549). Both advocate membership of AGPP and hence allegiance to ASTMS.

I would like to offer a moderate alternative to employee pharmacists who wish to support an organisation unfettered by external influences. "NAGPEP" stands for the National Association of General Practice Employee Pharmacists and meetings have been held since the beginning of 1975 to establish a rapport between general practice employees from different companies with the object of achieving

representation for this large section of the register.

We have contacts with a number of multiple companies in the South-east but I would welcome direct contact with employees who would be interested in this independent association, which seeks a professional relationship between general practice employee pharmacists and our parent body, the Pharmaceutical Society of Great Britain.

I cannot accept that the "only practical path" open to employees is to join ASTMS through an association of general practice pharmacists. I believe that we should look to supporting our parent body and, in return, expect the representation that should follow.

Those employee pharmacists in general practice who are not aware of NAGPEP contacts are invited to write to me and I will supply further details.

I conclude by stating that I believe that we have the "PEP" to "NAG" away at these current problems.

J. H. Carr
2 Maycot Lodge, Park Road,
New Barnet, Herts EN4 9QB.

Stand together

The employee of the financial group, Booker McConnell, who appears to run the Kingswood chain according to his letter, confesses to being the unqualified controller of 64 branches acquired for sound financial reasons—which we must assume to mean profit.

Later in his letter he goes on to suggest that the board supervises the superintendent pharmacist in cases of pharmacist employees being disciplined.

All this gives me a cold shake. We have a Pharmaceutical Society to maintain our standards with what strikes me as adequate supervision and discipline.

I would strongly recommend the Kingswood pharmacists to join ASTMS, getting in touch with "Geraint Davies" who is on their doorstep, and afford themselves the protection of a union against the paternalism of a board. Who knows, their superintendent might be their shop steward, with

the pharmacist employees right behind him when called before the board "to reassure his own board about the incident".

We don't need outsiders controlling us and our profession, we must stand together and I quote:

*Rise like lions out of slumber
In unvanquishable number
Shake to earth your chains like dew
Which in sleep have fallen on you
Ye are many they are few.*

Keith Hampson
Oxted, Surrey.

Printer's error

Thank you very much for the courtesy you afforded me in the printing of my letter (last week, p549). Unfortunately, a mix-up occurred in the penultimate paragraph. The last two sentences should read: "Indeed, from the Booker viewpoint, we are proud that as a business organisation we are associated through our pharmacist colleagues with a profession which maintains and strives constantly to improve such high standards of ethics and conduct. This, in turn, helps us to assist in raising professional standards in other parts of the world outside the UK."

W. A. Simpson
chairman, Kingswood (Chemists) Ltd

An act of kindness

In an increasingly competitive world, may I draw your attention to an act of great kindness. I won the Old Spice competition, run by Shulton, last year and the prize was a holiday in Hong Kong, which we were due to take now. Unfortunately, within eight weeks of our departure, I had a very serious illness diagnosed and a drastic operation performed, which meant I could not fly for six months.

With the greatest kindness Shulton immediately arranged for us to take a cruise, and the travel firm concerned Blue Skies Ltd, arranged all this within a fortnight. They were all involved in a great deal of time and trouble and I should like to thank them publicly.

J. Innes-Chaytor
Coventry



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**Give yourself
the
simple profit**

Company News

Wella expand warehouse facilities

Recently, Wella (Gt Britain) Ltd moved their complete distribution and warehouse operation from their Head Office in Basingstoke to Kempshott Park, Dummer. This four mile move is part of a nationwide expansion programme which increases the warehouse capacity threefold. The new unit at Kempshott covers 39,000 sq ft and is divided into three bays. These are used for receipt of goods, pallet racking storage, bulk storage, collating, packing and the marshalling and loading of the 16 transit vans and two heavy goods vehicles. Distribution from Kempshott provides a regular service of Wella products to customers in an area south of a line from Aberaeron in Wales to Felixstowe in Suffolk.

Within the last six months Wella have also made major changes at their depots at Cumbernauld, Birmingham and Leeds. The Cumbernauld depot, which is the Wella distribution point for Scotland and Northern Ireland, has increased its capacity fourfold, whilst Birmingham has 30,000 sq ft, double the previous operating capacity. At Leeds, Wella moved their warehouse to the Whitehall Industrial Estate, increasing the original capacity by more than four times.

Rockware's warning

Rockware Group Ltd announce group profits before tax for the 26 weeks ended June 29 of £1,478,000 (£573,000).

The glass company results compare well, £22,278,000 (£18,995,000) but the chairman warns that the return is not enough to meet the investment programme so essential to ensure the competitive future of the company. Group turnover reached £24,095,000 plus £315,000 inter-company sales. Interim dividend 1p.

Bellair: No final dividend

A pre-tax profit of £66,000 for the 18 months to June 30 has been returned by Bellair Cosmetics after an exceptional debit of £63,000. Turnover for the period £2.881m against £1.097m for the year ended December 31, 1973. No final dividend (2.08p already paid). [Bellair is currently being acquired by Hills London Shops.]

Gillette sales advance

The Gillette Co report sales for the three months ended September 30 rose to \$374,295,000 from \$316,946,000 a year earlier, an increase of 18 per cent. Pre-tax income was \$34,916,000, 8 per cent below \$38,123,000 in the same period for 1974. Consolidated net income was \$18,411,000, 20 per cent below \$23,045,000 a year earlier. Earnings per share of \$0.62 compared with \$0.77 the year before.

For the nine months ended September 30, sales rose 16 per cent to \$1,044,957,000, compared with \$900,920,000 in 1974. Pre-tax income was \$108,839,000, down 10 per cent from \$120,701,000 for the same period in the prior year. Consolidated net income of \$58,773,000 declined 15 per cent from \$69,041,000 a year earlier. Earnings per share were \$1.96 compared with \$2.31 the year before.

Sales of each of the three principal operating units, Gillette North America, Gillette International, and diversified companies, are well above last year at the end of nine months.

Willow Francis loss

The consolidated results of Willows Francis Ltd show a pre-tax loss of £47,861 for the year to June 30 compared with a £53,486 profit for the previous year. Group turnover was £1,935,658 (£1,722,254). No dividend paid.

Briefly

A. M. Shah is taking over on October 27 the pharmacy of J. H. Shimwell Ltd, 482 St. Albans Road, Watford WD2 5QU.

Boots have been given planning approval for the transfer from their existing High Street premises in Berwick to a new site in the central area.

Forbes Johnston Ltd of Dundee have sold their business at 103 High Street, Lochee, to D. W. Richardson MPS formerly at 178 High Street, Lochee, Dundee. Richardson have moved to the larger Forbes Johnston premises.

Sangers Group Ltd have appointed Mr K. G. Dibble company secretary with effect from September 1. The post was formerly held by the group's finance director, Mr J. K. E. Pelton, who continues to hold that position.

Coming events

Tuesday, October 28

Ayrshire Branch, Pharmaceutical Society, Police Headquarters, Ayr, at 8 pm. Joint meeting with Strathclyde Police. Mr G. Webster on "Coppers and Choppers".

Bristol and Somerset Branches, Pharmaceutical Society, Weston-super-Mare. Abbott's film on "It's a bit different from this time last year".

Glasgow Pharmacy Club. The Albany Suite, Bellahouston Hotel, Glasgow. Annual dinner and dance.

Lancaster, Morecambe Branch, Pharmaceutical Society, Boots Chemists, Morecambe, at 8 pm. British Cod Liver Oils Ltd film "Health from the sea".

Wednesday, October 29

Sunderland Branch, Pharmaceutical Society, Rosedene, Sunderland, at 7.30 pm. Annual dinner with guest speaker Dr D. Bellamy.

Thursday, October 30

Blackpool, Fylde & Wyre Branch, Pharmaceutical Society, Imperial Hotel, Blackpool, at 7.45 pm. Films on Bisks and Intal by Fisons Ltd.

Friday, October 31

Croydon Branch, Pharmaceutical Society, Greyhound Hotel, Park Lane, Croydon, at 8 pm. Mr L. Priest on "Pharmacy today".

Saturday, November 1

Scottish Department, Pharmaceutical Society, annual conference of Scottish Pharmacists at Royal Scott Hotel, Edinburgh, on November 1-2. Details from Staff Pharmacist, Scottish Department Pharmaceutical Society, 36 York Place, Edinburgh EH1 3HU.

Westminster report

Royal Commission on NHS

The Queen has approved a recommendation that a Royal Commission on the NHS should be set up.

Making the formal announcement in the Commons on Monday, Mr Harold Wilson, Prime Minister, said the terms of reference would be: "To consider in the interests both of the patients and of those who work in the NHS the best use and management of the financial and manpower resources of the NHS."

The Royal Commission would also cover the parallel services in Northern Ireland and its membership would be announced later.

Legislation to phase out "pay-beds" from the service would be introduced as soon as the Parliamentary timetable allowed, Mr Wilson went on, so consultations on proposals in the Government's consultative document would continue. However, the Government would guarantee the maintenance of private medical practice in the UK by introducing further legislation. He said he would distinguish sharply between the issue of pay beds incorporated in the NHS and the issue of private practice.

Mr Wilson hoped that all people concerned with the NHS would take this opportunity to present their views to the Royal Commission.

Needles cost £140,000

The cost of non-disposable needles prescribed by general practitioners for diabetics in Great Britain during 1974 was £140,000, Dr David Owen, Minister for Health, stated in a written Commons answer last week. He also turned down a call from Mr Greville Janner, MP, to allow general practitioners to prescribe disposable needles for diabetic children under 15. Where they were essential, he said, they could be supplied through hospitals and it was not easy to devise satisfactory arrangements for restricting supplies to children only.

No VAT relief on sanpro

Mrs Maureen Colquhoun asked in the Commons last week the reason for not removing the VAT on sanitary towels. Replying, Mr Robert Sheldon, Financial Secretary, explained that VAT is a "broadly-based" tax with strictly limited reliefs relating to broad categories, such as food. It would be impossible to justify allowing relief for particular articles such as sanitary towels while denying it to the generality of toilet articles, many of which also serve hygienic purposes, he added.

Pharmacists on study group

Pharmacist members on the Department of Health's working group on oral contraceptives are Mr W. M. Darling, Mr G. T. M. David and Mrs E. J. M. Leigh. This was revealed by Dr David Owen, Minister for Health, when he listed the group's membership and their professions in a written Commons answer last week.

Market News

Anise oil much firmer

London, October 22: Anise oil was much firmer during the week having risen from a level of £13.60 to £14.80 kg for both spot and shipment. Apart from that there has been little news of changes from the Canton Fair. Buyers of essential oils have so far been holding off in the hope that the previous trend of lower prices would continue. However, on the week Chinese peppermint has been marked up by 5p a kg and supplies of cassia were reported unobtainable on the spot or forward. Elsewhere in oils, lemongrass and palmarosa were dearer.

Continuing destocking was given as a reason for the quiet drug market. Prices, in the main, tended to ease. Aloes, hydrastis, Chinese menthol, senega and tonquin beans were lower. In balsams, Canada and tolu were down but Peru firmed a little. Dearer also were some of the gingers because of the tight supply position. Also lemon peel and pepper were again advanced.

There were no changes reported in pharmaceutical chemicals.

Pharmaceutical chemicals

Acetic acid: 4-ton lots, per metric ton delivered—BPC glacial £212.50; 99.5 per cent £201.50; 80 per cent grades pure, £188; technical £174.50.
Acetomenaphthone: 100-kg lots, £0.64½ kg.
Acetone: £217 per metric ton.
Ascorbic acid: £7.20 kg; 5-kg £6.20 kg; sodium ascorbate, plus 9p, silicone-coated, plus 13p kg.
Calciferol: £450-£550 kg.
Calcium carbonate: BP light £108 metric ton; 10-ton lots £100 ton.
Calcium pantothenate: £5.50 kg.
Carotene: Suspension 20 per cent £28.50 kg.
Cyanocobalamin: £3.00 per g.
Deltacortisone: £450-£480 per kg.
Dexpanthenol: 10-kg lots £10.00 kg.
Formic acid: per metric ton delivered in 4-ton lots, 98 per cent £236.25; 85 per cent £196.30.
Glucose: (Per metric ton in 10-ton lots) monohydrate £179; anhydrous £410, liquid 43° Baumé £155 (5-drum lots); naked £129 (tanker 14 tons).
Hydroxycobalamin: £5.00 per g.
Hypophosphorous acid: (50-kg lots) Pure 50% £2.8865 kg; BPC 30% £2.2434.
Iodine: Resublimed in 250-kg lots £4.01½ kg.
Nicotinamide: £4.35 kg; 50-kg lots £2.80 kg.
Nicotinic acid: £2.80 kg (50-kg lots).
Phenylephrine hydrochloride: £62-£70.00 kg as to quantity.
Phosphoric acid: BP sg 1.750, £0.4373 kg in 10-drum lots.
Pyridoxine: £13.75 kg; £12.75 kg in 5-kg lots.
Riboflavin: £21.50 kg; 5-kg lots £20.50 kg.
Sodium pantothenate: £8.00 kg.
Tartaric acid: About £850 per metric ton.
Terpineol: BPC in 50-kg lots £0.82 kg.
Thiamine hydrochloride: Per kg £11.75; 5-kg £10.75; 25-kg £10.25.
L-Thyroxine: £1.25 per kg.
L-Tri-iodothyronine sodium: £2.50 per g.
Vitamin A: Acetate powder, 500,000 iu per g £9.00 kg for 5-kg lots. Palmitate oil one miu p g £9.00 kg for 5-kg.
Vitamin D: Powder for tableting 850,000 iu per g £25.00 kg; £24.00 for 5-kg lots.
Vitamin E: (per kg in 5-kg lots), pure oil £11.00.
Zinc chloride: Granular 96.98 per cent £365 metric ton, delivered.

Crude drugs

Aloes: Cape £0.99½ kg spot; £0.99, cif. Curacao £1.30 nominal spot.
Balsams: (kg) Canada: £15.00 spot; £14.50, cif for shipment. **Copaiba:** BPC £1.70 spot; £1.60 cif. **Peru:** £4.80 spot; £4.50, cif. **Tolu:** £3.35 spot.
Benzoin: BP £62.00-£66.00 cwt; £56.00-£61.00, cif.

Buchu: Rounds £2.50 kg spot; £2.35, cif.
Camphor: Natural powder, £5.50 kg spot; £3.65, cif; synthetic £0.68, cif for 98 per cent.
Cinnamon: (cif) Seychelles bark £345, cif; Ceylon quills 4 O's £0.47½ lb.
Cochineal: Peruvian silver-grey £13.00 kg spot; £12.75, cif.
Gentian: Root £1.38 kg, spot; £1.30 kg, cif.
Ginger: (ton, cif) Cochin £620; Jamaican No 3 £700; Nigerian split £500, peeled £600.
Gums: **Acacia**, Kordofan cleaned sorts \$1,280, fob, metric ton. **Karaya** No 2 faq £470 metric ton, cif. **Tragacanth** No 1 £545 spot per 50 kg.
Hydrastis: £8.15 spot; £7.80, cif.
Lemon peel: £800 metric ton spot; £750, cif.
Liquorice root: Chinese £190 metric ton, cif. Russian £230 spot; £200, cif. Block juice £1,130, spray-dried £1,050.
Menthol: Brazilian spot £10.20 kg, prompt shipment and afloat, £9.80, cif. 1976 shipment £9.20, cif. Chinese £11.00 spot; £10.00, cif.
Pepper: (ton) Sarawak black £795 spot; £745, cif; white £1,050; £945, cif.
Podophyllum: Root £420 metric ton, cif.
Senega: Canadian £12.70 kg spot; £12.20, cif.
Squill: Italian spot nominal, £830 metric ton, cif, new crop. Indian £170, cif.
Styrax: £2.75 kg spot; shipment £2.70, cif.
Tonquin beans: Angostina £0.98 kg spot; £0.90, cif.
Turmeric: Madras finger £215 ton, cif.
Valerian: Indian root £680 metric ton, spot; £650, cif.
Waxes: **Bees'**, Australian £1,100, cif, metric ton nominal. **Candelilla**, £700 spot; £675, cif. **Carnauba**, fatty grey, £960 spot; £935, cif, prime yellow £1,660 and £1,600, cif.
Witchhazel leaves: Spot £2.05 kg; £1.90, cif.

Essential oils

Anise: £14.80 kg spot and shipment.
Bois de rose: £4.50 kg spot; shipment £4.00, cif.
Cassia: Chinese unobtainable.
Citronella: Ceylon £1.30 kg spot; £1.17, cif.
Ginger: English distilled £65.00 kg.
Lavender spikes: £10.25-£12.50 kg spot.
Lemon: Sicilian best grades from £6.00 kg.
Lemongrass: £3.20 kg spot; £2.90, cif.
Palmarosa: Brazilian spot £7.50 kg.
Peppermint: (kg) Arvensis Brazilian £3.75 spot; £3.60, cif. Chinese £3.90 spot; £3.60, cif. American piperata £15.00-£15.50.
Sandalwood: Mysore £35.00 spot; £28.00, cif.

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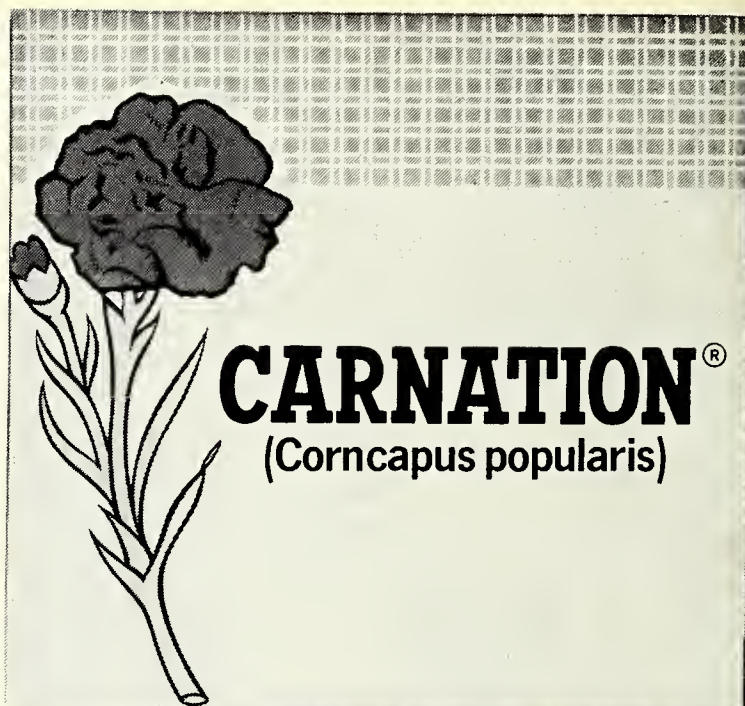
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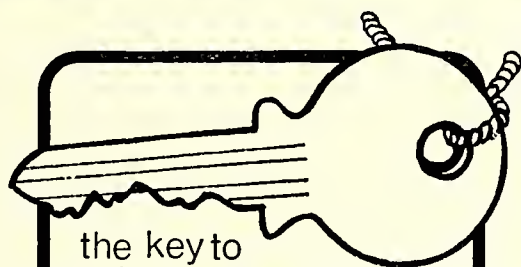
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